

Name
in
FullMr. *Wm. Luther Lawrence Addison*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Durfield</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Feb</i> ^{Month}	<i>6</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Durfield Md</i>	
Where Residing if not at place of death			<i>at place of death</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Charles William Addison</i>		Father's Birthplace <i>Timon Md</i>	
Mother's Maiden Name		<i>Mary Catharine Wilhide</i>		Mother's Birthplace <i>Sabillsville Md</i>	
Name of person giving information		<i>Mary Catharine Addison</i>		How related deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Placenta Previa.</i>	How long	<i>(5)</i>
Immediate	<i>Born dead</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. L. Wachter</i>	
		Address <i>Sabillsville</i>	
Accident or Suicide?		<i>Maryland</i>	

Sarah Ann

Matthew Murry

Name in Full		Catherine L. Albaugh				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Frederick		Frederick			
Date of death		1908	Month 2	Day 14	Years 34	Months 2	Days 15
Sex		Female		Color or Race		White	
				Birth-place		York, Pa	
Occupation		House Wife		Where Residing if not at place of death		Same	
Married, Single or Widowed		Married		Name of Wife or Husband		Ungomar W. Albaugh	
Father's Name		William Hildebrand		Father's Birthplace		Pa	
Mother's Maiden Name		Louise Smith		Mother's Birthplace		Germany	
Name of person giving information		C. W. Albaugh		How related to deceased		Husband	
				CAUSES OF DEATH		(108)	
Primary		Obstruction of Bowels		Catherine Albaugh		How long	
				Peritonitis		four days	
Immediate		Shock				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. S. Hendrix M.D.	
				Address		Frederick, Md.	
Accident or Suicide?		no					

Interment at Mt Olivet, Tenn.

"

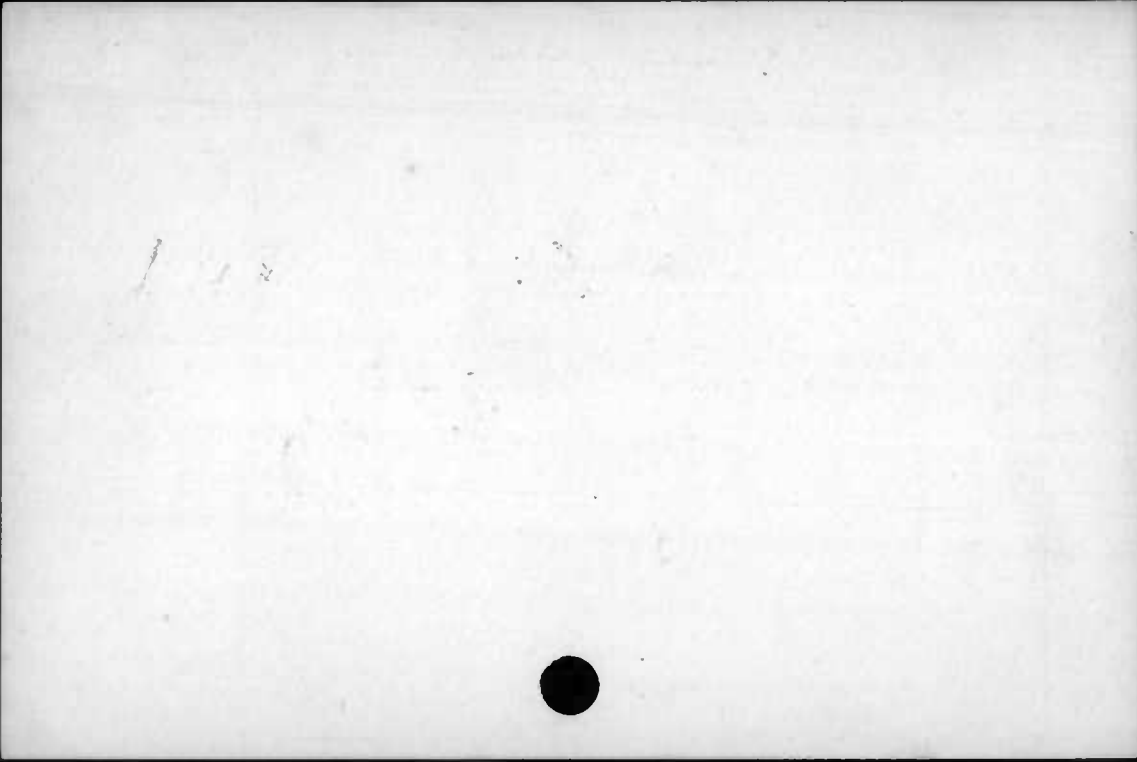
Feb 16 - 08

Thomas P. Rice F. O.

Dr Hendrix

Dr McQuady,

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Emmitsburg</u>		County <u>Trader</u>		
		Date of death <u>1908</u> <u>Feb</u> <u>27</u>		Age <u>—</u> <u>—</u> <u>—</u>	Months <u>10</u>	Days <u>—</u>
		Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Egels Valley</u>		
		Occupation		Where Residing if not at place of death		
		Married, Single or Widowed	Name of Wife or Husband <u>Rose Andrew</u>			
		Father's Name <u>George Andrew</u>	Father's Birthplace <u>Egels Valley</u>			
Mother's Maiden Name <u>Rose E. Harbough</u>	Mother's Birthplace <u>Egels Valley</u>					
Name of person giving information <u>George Andrew</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<u>Pneumonia</u>		How long	<u>3 days</u>	
	Immediate	<u>Meningitis</u>		How long	<u>1 day</u>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>B. J. Jamison</u>			
			Address <u>Emmitsburg</u>			
Accident or Suicide?						



Name
in
Full

Francis Washington Barnes

CERTIFICATE OF DEATH

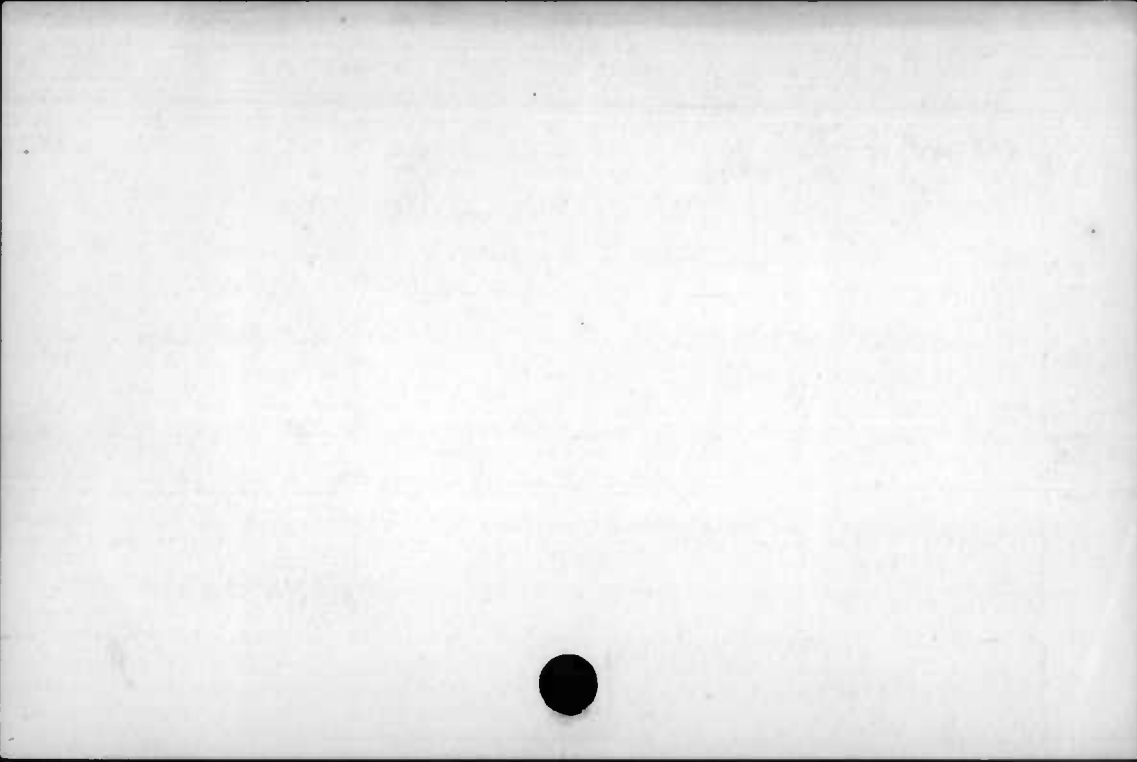
Died at <i>Unionville</i>		Town		<i>Frederick Co</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>February</i>		Day <i>28</i>		Years <i>79</i>		Months <i>5</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Oak Orchard</i>					
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>Unionville</i>							
Married, Single or Widowed		Name of Wife or Husband <i>Ellen Reese Barnes</i>							
Father's Name <i>Lee Barnes</i>		Father's Birthplace <i>Oak Orchard</i>							
Mother's Maiden Name <i>Susan Lindsay</i>		Mother's Birthplace <i>"</i>							
Name of person giving information		How related to deceased <i>✓</i>							

CAUSES OF DEATH

179

Primary <i>General debility</i>		How long <i>By months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Dr W. Whelton</i>	
Accident or Suicide?		<i>Unionville Md</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter Beatty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

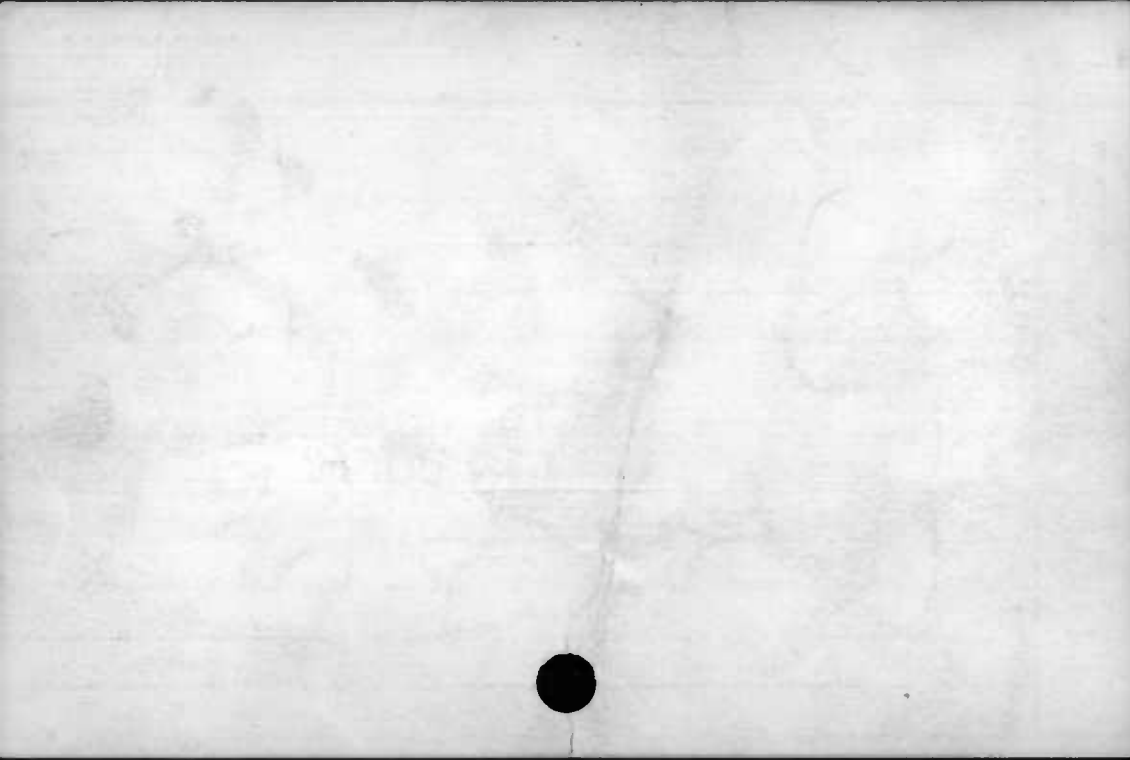
Died at <i>Montgomery</i> ^{Town} <i>Hopk</i> ^{County} <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month} <i>27</i> ^{Day}	Age <i>60</i> ^{Years}	Months <i>0</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick Co</i>	
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elena Chase</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Hopk's Records</i>	How related to deceased <i>Unknown</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Genl Debility</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. J. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

Nannie O Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death *190 P* Month *2* Day *22* Age *63* Months *2* Days *6*

Sex *Female* Color or Race *White* Birth-place *Ills*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John O Bennett*

Father's Name *George W Corwin* Father's Birthplace *Penn*

Mother's Maiden Name *Elder Smith* Mother's Birthplace *Lusburg Va*

Name of person giving information *John O Bennett* How related to deceased *Husband*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Carcinoma of Liver* How long *Several years*

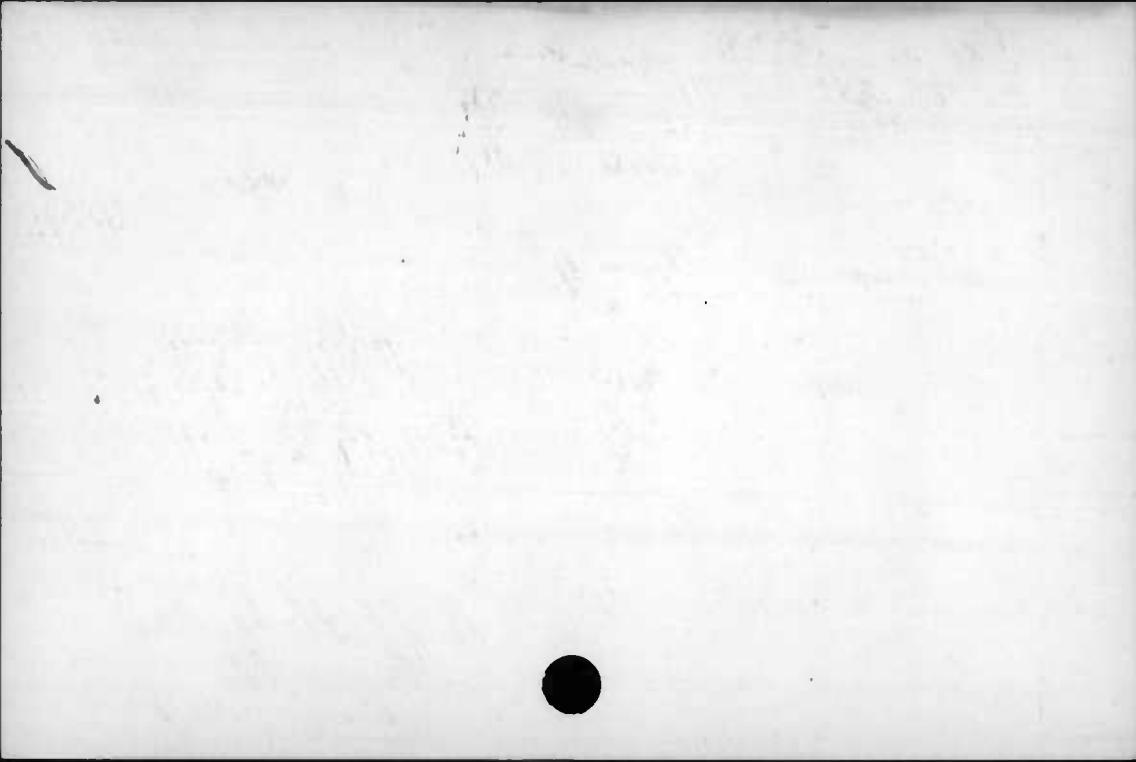
Immediate *Asthenia & Cholacemia* *2 Months* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Hendrix M.D.*

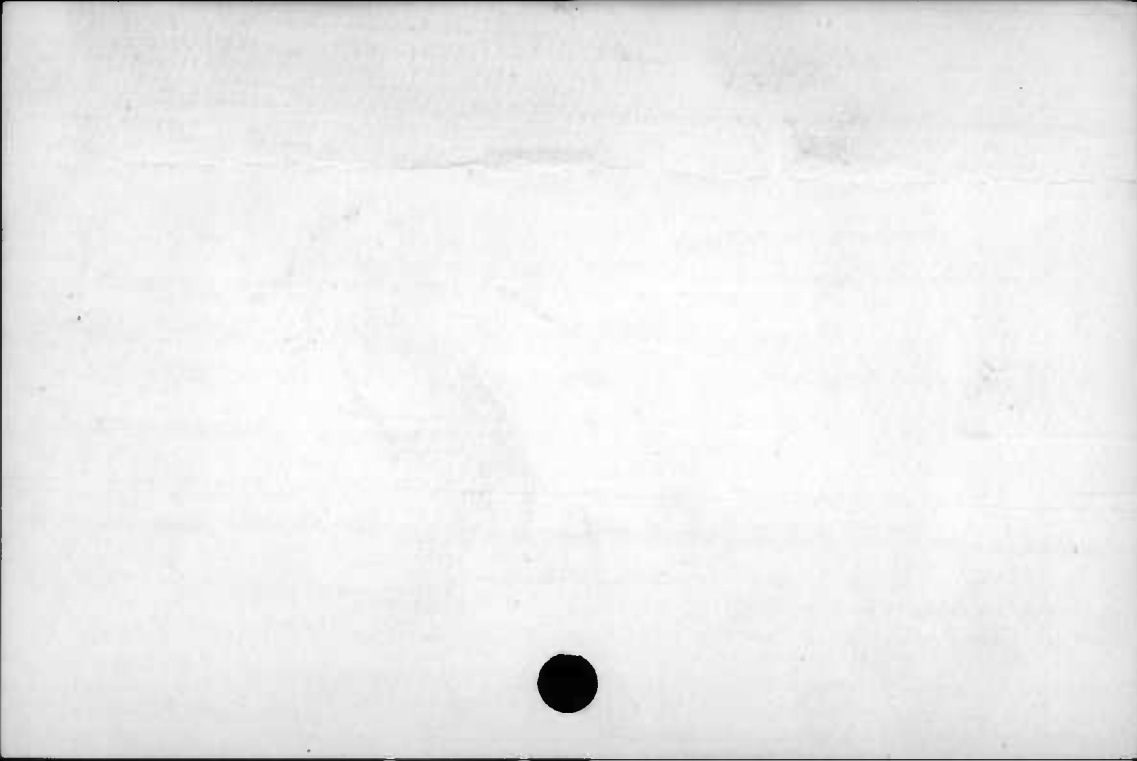
Address *Frederick, Md.*

Accident or Suicide?

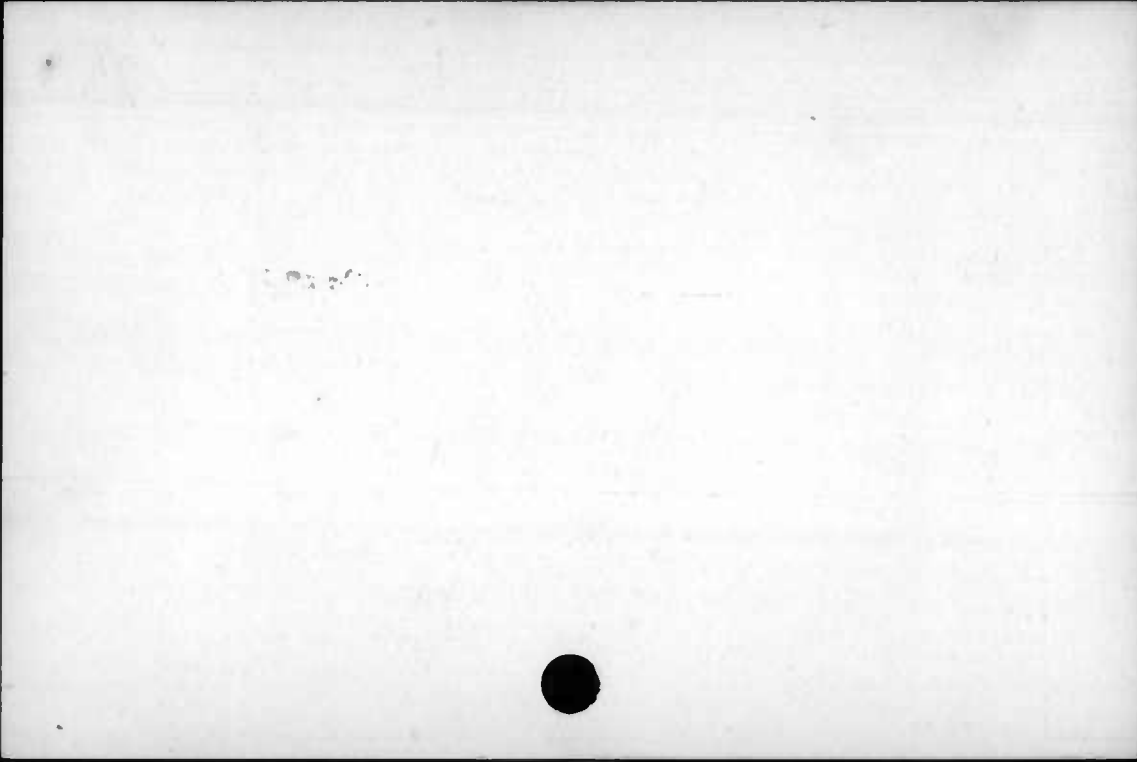


Name in Full		CERTIFICATE OF DEATH			
Jane Bowers		Town Pleasant Walk		County Frederick	
Died at		Maryland			
Date of death	1908	Month	Feb	Day	7
Age	69	Months		Days	
Sex	Female	Color or Race	White	Birth-place	near Smithsburg
Occupation	House Wife		Where Residing if not at place of death near Pleasant Walk		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Benj. Bowers		
Father's Name	Henry McPherson		Father's Birthplace	don't know	
Mother's Maiden Name	don't know		Mother's Birthplace	don't know	
Name of person giving information	Marcellus L. Durrell		How related to deceased	none	
CAUSES OF DEATH					
Primary			How long		
Physical violence (Murdered)			—		
Immediate			How long		
Washed to pieces with an ax by her brother			—		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			B. N. Hoke M.D.		
			Address		
			Myersville Md.		
Accident or Suicide?					
Homicide					

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Name in Full		Certificate of Death			
Catherine Elizabeth Bowman		MARYLAND			
Died at		Town		County	
Derford		Frederick Co			
Date of death		Month	Day	Years	Months
1908		July	2	40	0
Sex		Color or Race		Birth-place	
Female		White		Maryland	
Occupation		Where Residing if not at place of death			
Housewife					
Married, Single or Widowed		Name of Wife or Husband			
Widow		Jacob B. Bowman (deceased)			
Father's Name		Father's Birthplace			
Abram Bonifant		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Mary Brown		Maryland			
Name of person giving information		How related to deceased			
Mr. David Melchior		Daughter			
CAUSES OF DEATH					
Primary		How long			
Hemiplegia		7 months			
Immediate		How long			
Recurrent Hemiplegia		3 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. E. McFarmer			
		Address			
		Thurmont			
		Maryland			
Accident or Suicide?					



Name
in
Full

Elizabeth Ann Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Remington</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>14</i>	Age <i>80</i>	Months <i>2</i>	Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ma</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Greenbury Boyer</i>				
Father's Name <i>Basil Beal</i>	Father's Birthplace <i>Ma</i>				
Mother's Maiden Name <i>Matilda Mark</i>	Mother's Birthplace <i>Ma</i>				
Name of person giving information <i>Alice B. Dufury</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

H
PHYSICIAN
OR CORONER

Primary <i>Injured hip - to what extent I do not know.</i>	How long <i>6 mks</i>
<i>Injury from fall</i>	How long <i>4 wks</i>
Immediate <i>Pneumonia</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Gentry</i>
	Address <i>Frederick, Md</i>
Accident or Suicide? <i>—</i>	<i>R. B. Gentry</i>



Name
in
Full

Mrs John H Brown (Ellen C.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

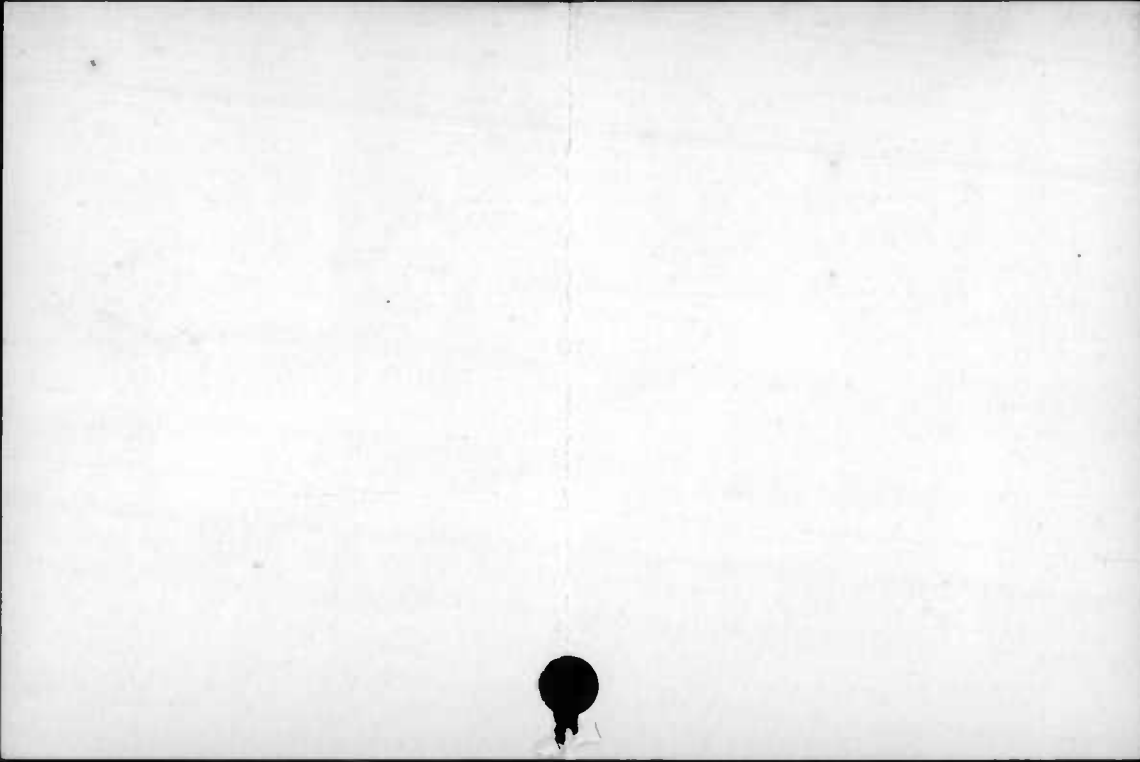
Died at ^{Town} near Frederick ^{County} City		MARYLAND	
Date of death 1908	Month 2	Day 15	Age 68
Sex Female	Color or Race White	Birth-place Frederick Co	Months 7
Occupation H's wife	Where Residing if not at place of death		x
Married, Single or Widowed Married	Name of Wife or Husband John H Brown		
Father's Name David Carroll	Father's Birthplace Conn		
Mother's Maiden Name Anna Johnson	Mother's Birthplace Conn		
Name of person giving information John H Brown	How related to deceased Husband		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic Heart Disease	How long Many years -
Immediate Paralysis Heart	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Franklin Buchanan Smith
	Address Frederick City Md
Accident or Suicide?	



Name
in
Full

Mary Jane Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> <small>Town</small>		<i>Fredericks</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>2</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>64</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>F. Geo Md</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Wesley Brown</i>				
Father's Name <i>Henry Butler</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Nancy Boiscot</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>J. W. Brown</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>(1) Cardiac Valvular Lesion (Mitral)</i>	How long <i>Several years</i>
Immediate <i>(1) Chronic Nephritis - (2) Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Bourne MD</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>_____</i>	

Interment Mar 2 - 08
" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr. Bourne

Dr. McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

Henry Crumrine

Town

County

Died at

Near Woodboro or Kentville
Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

2

5

Age

79

1

29

Sex

Male

Color or
Race

White

Birth-
place

Carroll Co.

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Lulu Mackley

Father's
Name

P. C. Grosnickle

Father's
Birthplace

Unknown

Mother's
Maiden Name

Gathered Best we could in

Mother's
Birthplace

Unknown

Name of person giving
Information

This case information

How related
to deceased

CAUSES OF DEATH

66

Primary

Paralysis

How long

Sudden death

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

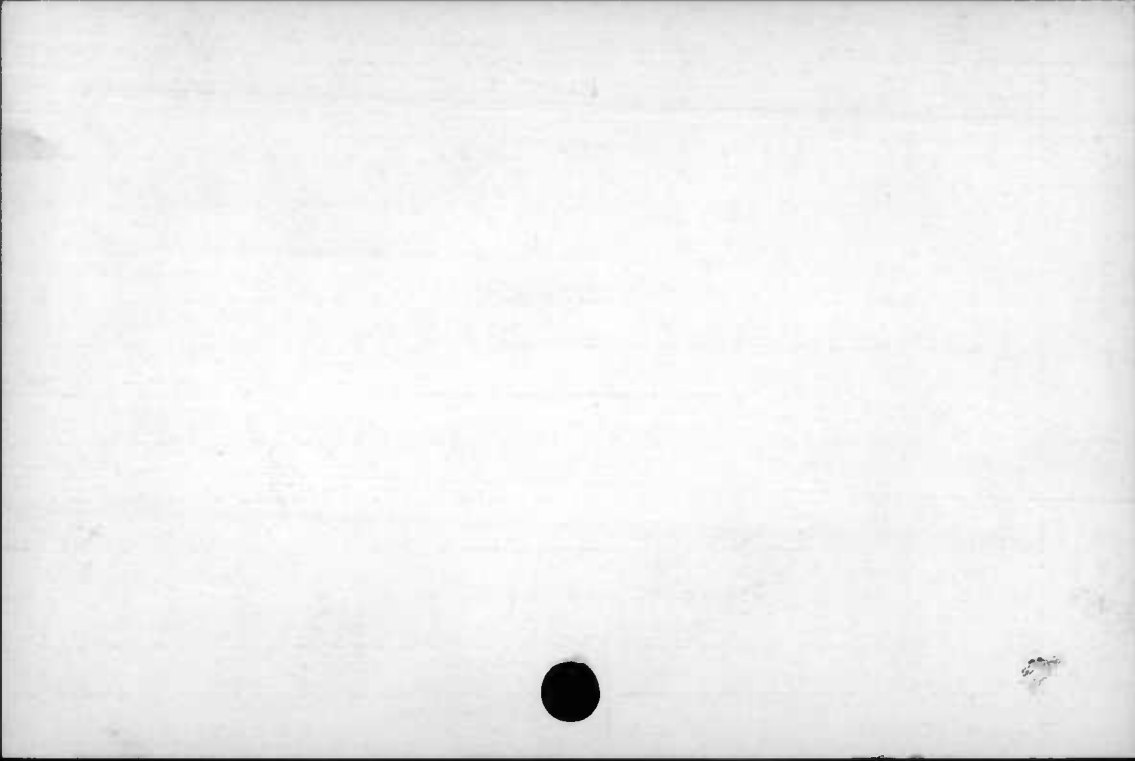
yes.

Signature of
Physician

Address

P. C. Grosnickle (Sub)
Super Dis #17
Johnsville MdPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Daniel Badhart

Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Frederick City Hospital^{County} Frederick

Date of death 1908 February 5

Age Unknown

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Farmer

Where Residing if not
at place of death

Hollywood Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Unknown

How related
to deceased

—

CAUSES OF DEATH

20

Primary

Septicemia

How long

5 months

Immediate

Auto Intoxication

How long

Two Weeks

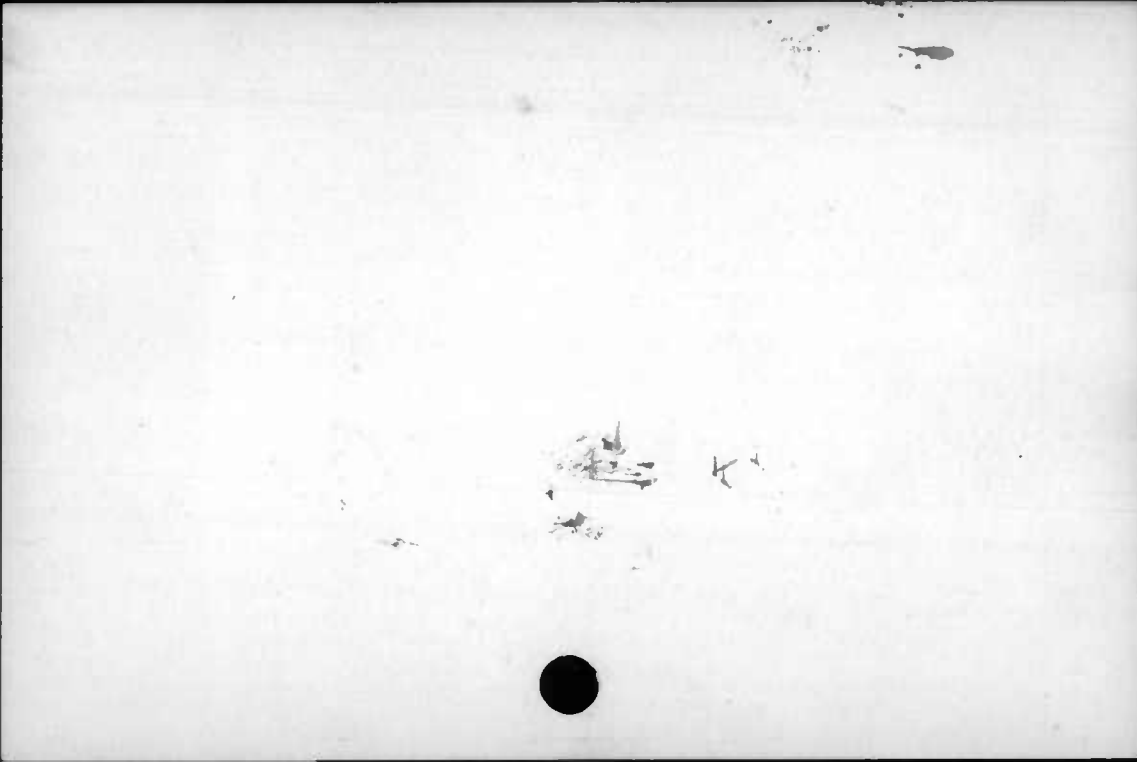
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Thos B Johnson

Address

Frederick, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

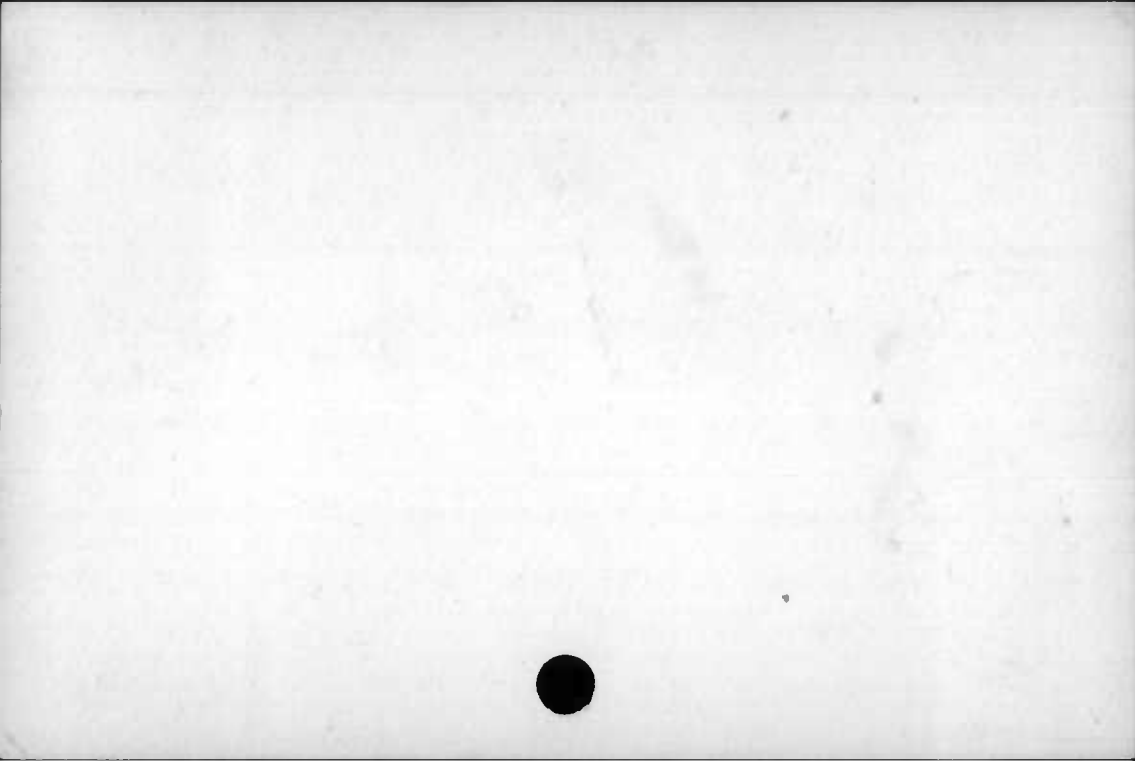
Died at <i>Wolfsville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>20th</i>	Age <i>15</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Wolfsville Md</i>			
Occupation <i>Child, with parents</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Daniel Dagenhart</i>	Father's Birthplace <i>Wolfsville Md</i>				
Mother's Maiden Name <i>Martha Hoffman</i>	Mother's Birthplace <i>Pleasant Walk Md</i>				
Name of person giving information <i>John W. Hoover</i>	How related to deceased <i>Distant Relative</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph B. ...</i>
	Address <i>Myersville, Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Margaret Derickson

CERTIFICATE OF DEATH

Died at Woodsboro

Frederick County,

MARYLAND

Date of death 1908 Feb 28

Day

Age 49

Years

Months 2

Days 3

Sex Female

Color or Race

white

Birth-place

Woodsboro

Occupation

Housewife

Where Residing if not at place of death

Woodsboro.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

William Beck

Father's Birthplace

Woodsboro

Mother's Maiden Name

Esther Campbell

Mother's Birthplace

Woodsboro

Name of person giving information

Emma Shank

How related to deceased

Cousin.

CAUSES OF DEATH

172

Primary

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. H. Kable, M.D.

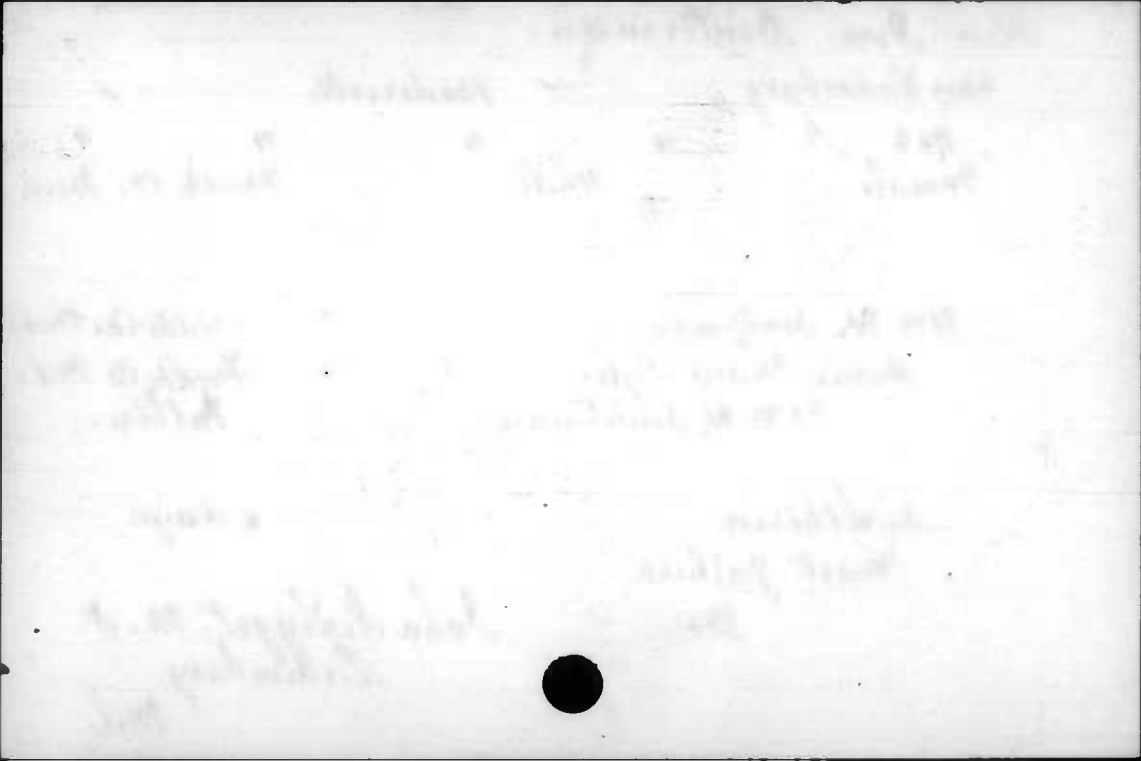
Woodsboro,

Accident or Suicide?

Accident.

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Olia Iva Sinterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

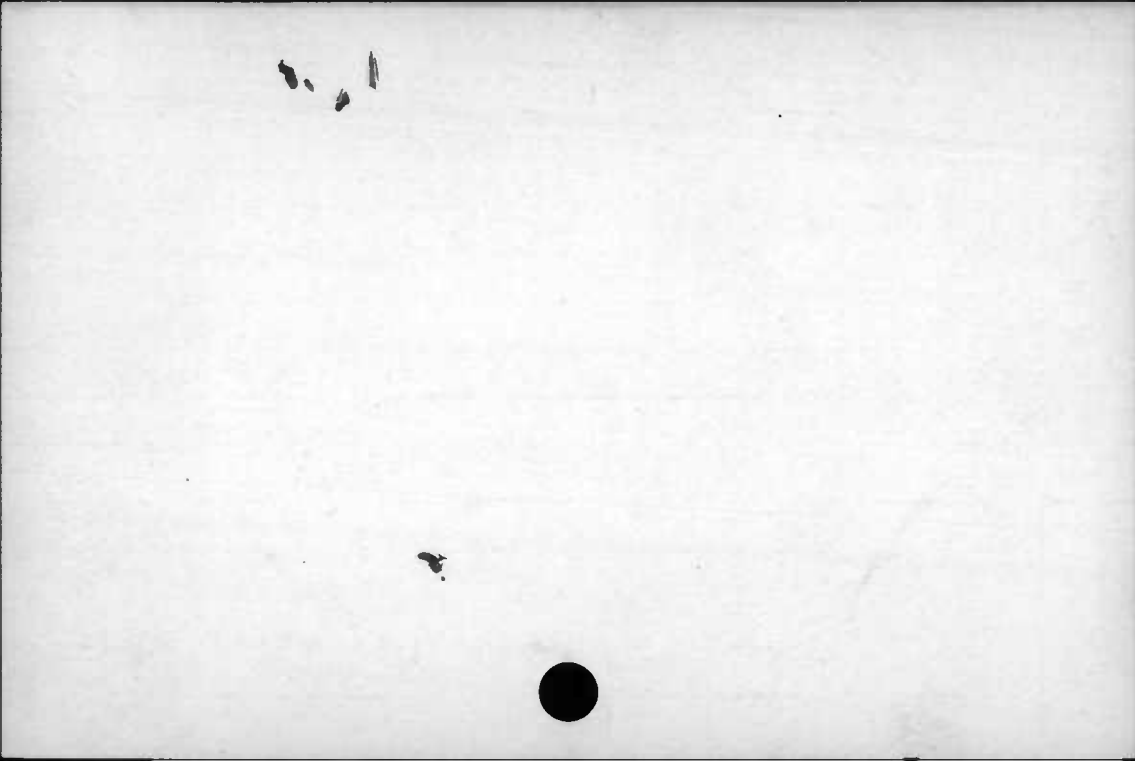
Died <i>near Ladiesburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>4</i>	Age <i>4</i>	Months <i>4</i>	Days <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co. Md</i>	
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Wm H. Sinterman</i>			Father's Birthplace <i>Fredk Co. Md.</i>		
Mother's Maiden Name <i>Annie Mary Eyler</i>			Mother's Birthplace <i>Fredk Co. Md.</i>		
Name of person giving information <i>Wm H. Sinterman</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Liggett, M. D.</i>
	Address <i>Ladiesburg, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

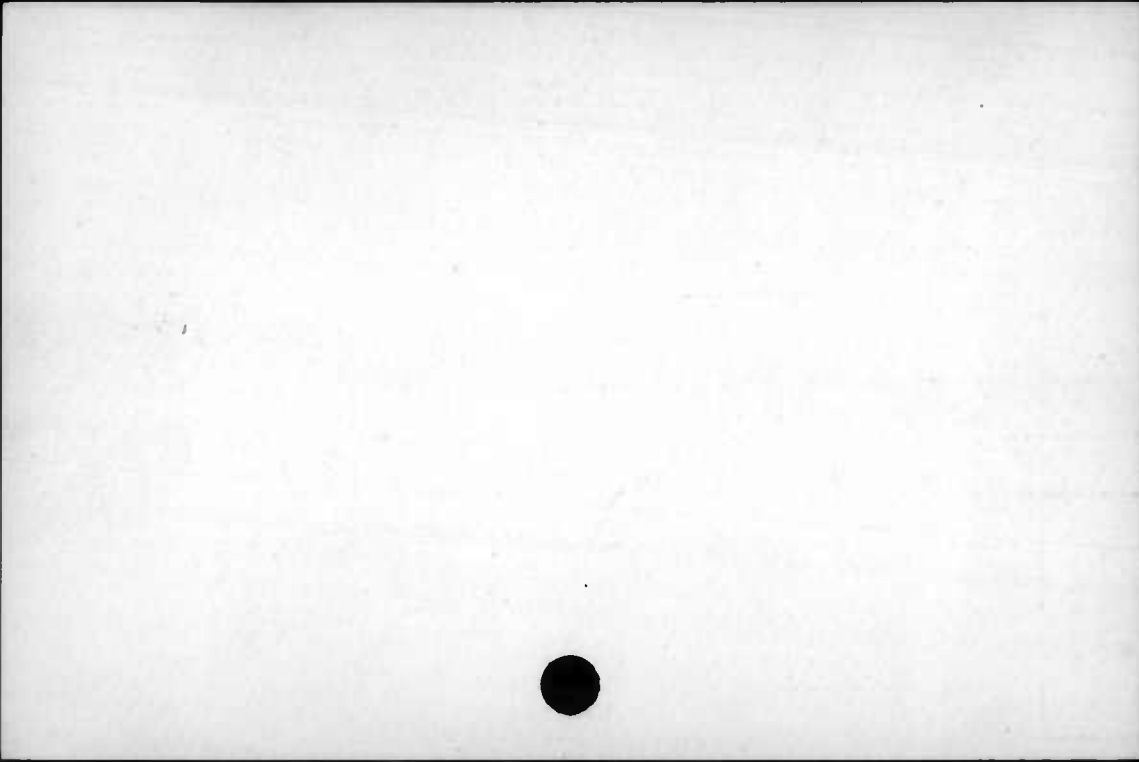
Died at		Town <i>Fritz</i> <i>Linganote</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month <i>Feb</i>	Day <i>2</i>	Age <i>X</i>	Years <i>X</i>	Months <i>9</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>at place of birth</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>X</i>			
Father's Name	<i>Frank Fritz</i>				Father's Birthplace	<i>Md,</i>	
Mother's Maiden Name					Mother's Birthplace	<i>Md,</i>	
Name of person giving information	<i>Roy Fritz</i>				How related to deceased	<i>brother</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>9 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Sappington & Peare M.D.</i>
		Address	<i>Unionville</i> <i>Maryland</i>
Accident or Suicide?			



Name
in
Full

Infant German.

CERTIFICATE OF DEATH

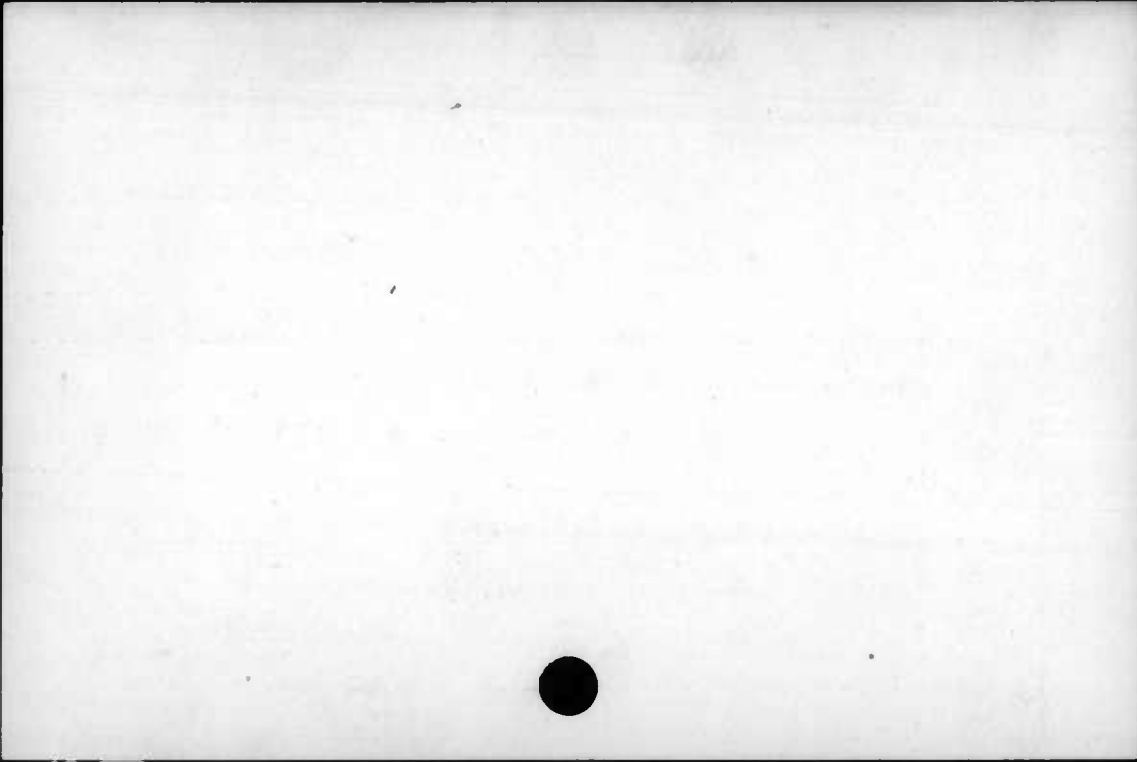
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>		<i>2</i> ^{Month}	<i>6</i> ^{Day}	Age <i>still born</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick.</i>	
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Jacob German</i>		Father's Birthplace <i>Frederick Co.</i>			
Mother's Maiden Name <i>Ida Franke</i>		Mother's Birthplace <i>Frederick Co.</i>			
Name of person giving information <i>Jacob German</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown (Still Born)</i>	How long <i>—</i>
Immediate	<i>" " "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>Franklin Buchanan Smith</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide? <i>X</i>		



Name
in
Full

not named Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

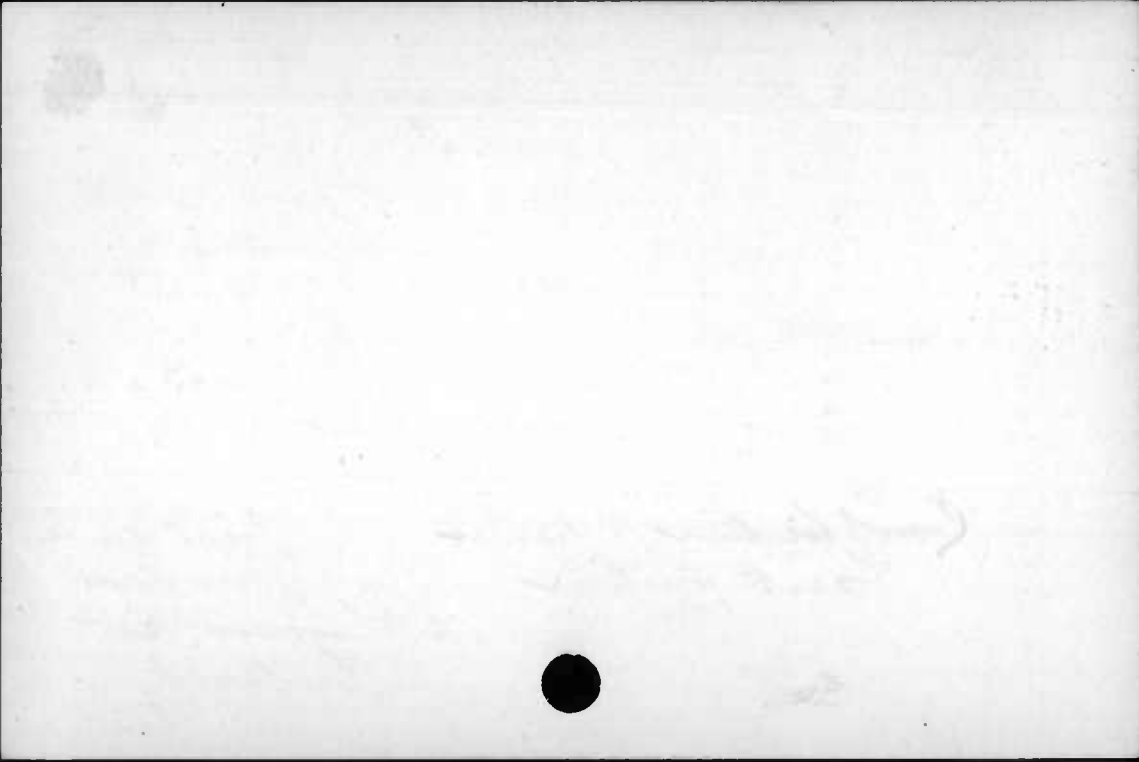
Died at <u>Loelap</u> Town		<u>Pied</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>14</u>	Age <u>20</u>	Months <u>20</u>	<u>8 hours</u> Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Fred. Co. Md.</u>	
Occupation <u>none</u>			Where Residing if not at place of death <u>same place</u>		
Married , Single		Name of Wife or Husband <u>none</u>			
Father's Name <u>Park Melkay Gibson</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Mary Emma Maude Hartwick</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Mary E. M. Gibson</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Premature Birth - (6 months)</u>	How long <u>8 hrs.</u>
Immediate <u>(Blue Baby) Insufficiency of heart's action</u>	How long <u>8 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. A. Stutz</u>
	Address <u>Woodsboro Md.</u>
Accident or Suicide?	



Name in Full		Amelia E. Giffin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1908	Month 2	Day 8	Age 61	Years 5	Months 0
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House Wife		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Widow		Name of Wife or Husband	John S. Post, James Giffin		
	Father's Name	Thomas Webb		Father's Birthplace	F. Co. Md		
	Mother's Maiden Name	Amelia E. Hamilton		Mother's Birthplace	F. Co Md		
Name of person giving information	Mary E. Giffin		How related to deceased		Daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">1179</div>							
PHYSICIAN OR CORONER	Primary	Complication of disease				How long	Eight years
	Immediate	Heart Failure				How long	Six days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		B. Thomas Md
	Accident or Suicide?		_____		Address		Frederick, Md.

Interment Feb 10 - 1908
" at Mt Olivet Cemetery
Thomas P. Rice F.O.

Dr. H. P. Fahrney.

Dr. M. Curdy,

Name in Full Harriet E. Gilson		CERTIFICATE OF DEATH	
Died at Fredensck Town		Fredensck County	
Date of death 1908		MARYLAND	
Month 2		Day 24	
Age 63		Years 4	
Sex Female		Color or Race White	
Occupation H. Wife		Birth-place MD	
Where Residing if not at place of death X			
Married Single or Widowed		Name of Wife or Husband Levas. A. Gilson	
Father's Name Wm. B. Morrison		Father's Birthplace MD	
Mother's Maiden Name Penuna Jones		Mother's Birthplace MD	
Name of person giving information L. Albert Gilson		How related to deceased Son	
CAUSES OF DEATH			
Primary Diabetes Mellitus		How long 3 or 4 years	
Immediate Coma and Paralysis of Brain		How long 8 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Levas. J. Gordon MD	
Address Fredensck, MD			
Accident or Suicide? No			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

50



Name
in
Full

Charles W. Goldsborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>6</i>	Age <i>66</i>	Years <i>2</i>	Months <i>7</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>F. Co. Md</i>				
Occupation <i>Medical Doctor</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta B. Lee</i>					
Father's Name <i>Charles M. Goldsborough</i>			Father's Birthplace <i>F. Co. Md</i>				
Mother's Maiden Name <i>Annella Poe</i>			Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Lee Goldsborough</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage & Paralysis</i>	How long <i>7 days.</i>
Immediate <i>Apnoea</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Fahmy M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>---</i>	



Name
in
Full

William Harn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Unionville^{County} Frederick

MARYLAND

Date of death 1908 Feb.

Day 12

Age 82

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Pa.

Occupation

Retired farmer

Where Residing if not
at place of death •

At place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Had none

Father's
Name

Unknown

Father's
BirthplaceMother's
Maiden Name

Not known

Mother's
BirthplaceName of person giving
In formation

Thos. C. Pearson

How related
to deceased

In no way

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary

Infirmities of Age

How long

Rebblong time

Immediate

Bronchitis

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

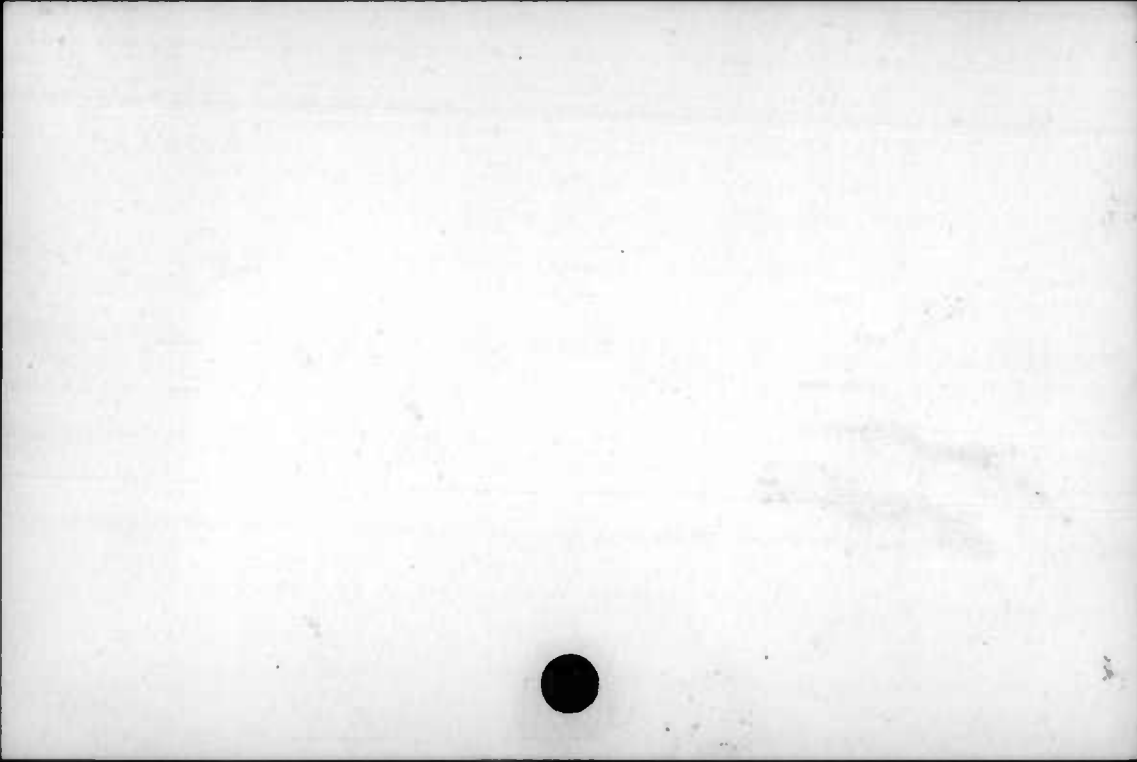
Thomas P. Sappington

Address

Unionville

Maryland

Accident or Suicide?



Name
in
Full

Henry Clay Hays

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

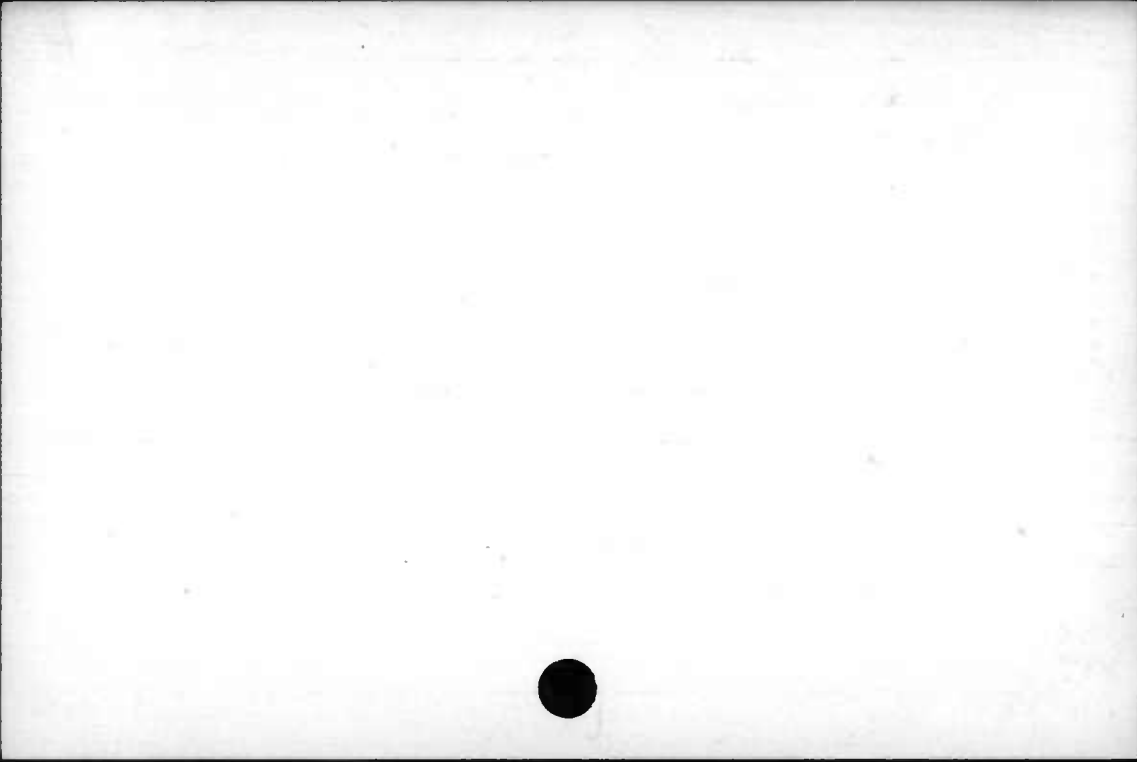
Died at <i>Garfield</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>2</i>	Day <i>22</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garfield Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Susanna Johnson</i>					
Father's Name <i>Leven Hays</i>			Father's Birthplace <i>Garfield</i>		
Mother's Maiden Name <i>Juliana Hatherly</i>			Mother's Birthplace <i>Middlepoint Md</i>		
Name of person giving information <i>James A. Grove</i>			How related to deceased <i>Berther-in-Law</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy & deranged Mind</i>	How long <i>15 Years or more</i>
Immediate <i>Exhaustion or old age</i>	How long <i>No Physician in last sickness</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as can be ascertained</i>	Signature of Physician <i>Sub. Reg. John W. Hoover J.P.</i>
	Address <i>Wolfsville Fredk Co. Maryland</i>
<i>Accident or Suicide?</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Joshua Hobbs

Died at *Mh. St. Marys* ^{Town} *Frederick* ^{County}

Date of death *1908* ^{Month} *2* ^{Day} *19* ^{Years} *78* ^{Months} *2* ^{Days} *9*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Carpenter* Where Residing if not at place of death *Same as above*

Married, *Yes* ^{Widowed} Name of Wife *Catharine Mayhew*

Father's Name *John Hobbs* Father's Birthplace *Maryland*

Mother's Maiden Name *Catharine Devilbiss* Mother's Birthplace *do*

Name of person giving information *Catharine Hobbs* How related to deceased *Wife*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old age* How long *1 year*

Immediate *Expansion* How long

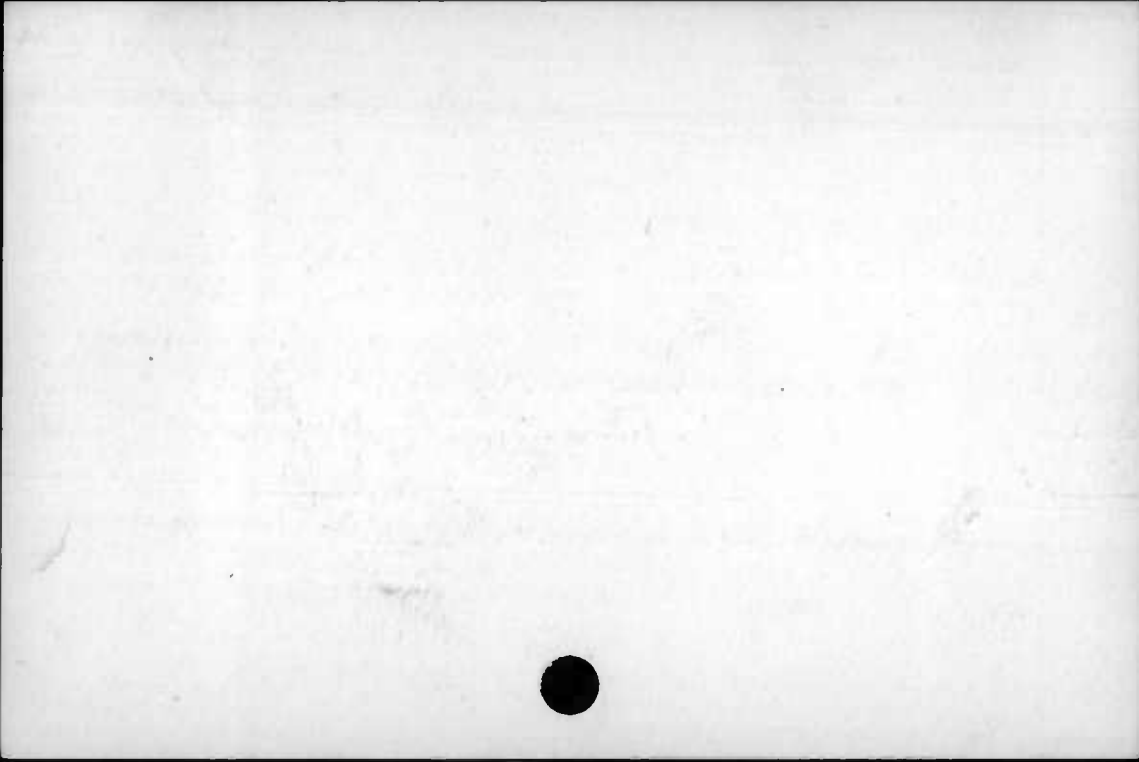
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. F. Shuff*

Address *Undertaker*

To the Best of my Knowledge

Accident or Suicide? *Knowledge* *Emmitsburg Md*



Name
in
Full

Jeremiah R. Kepner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

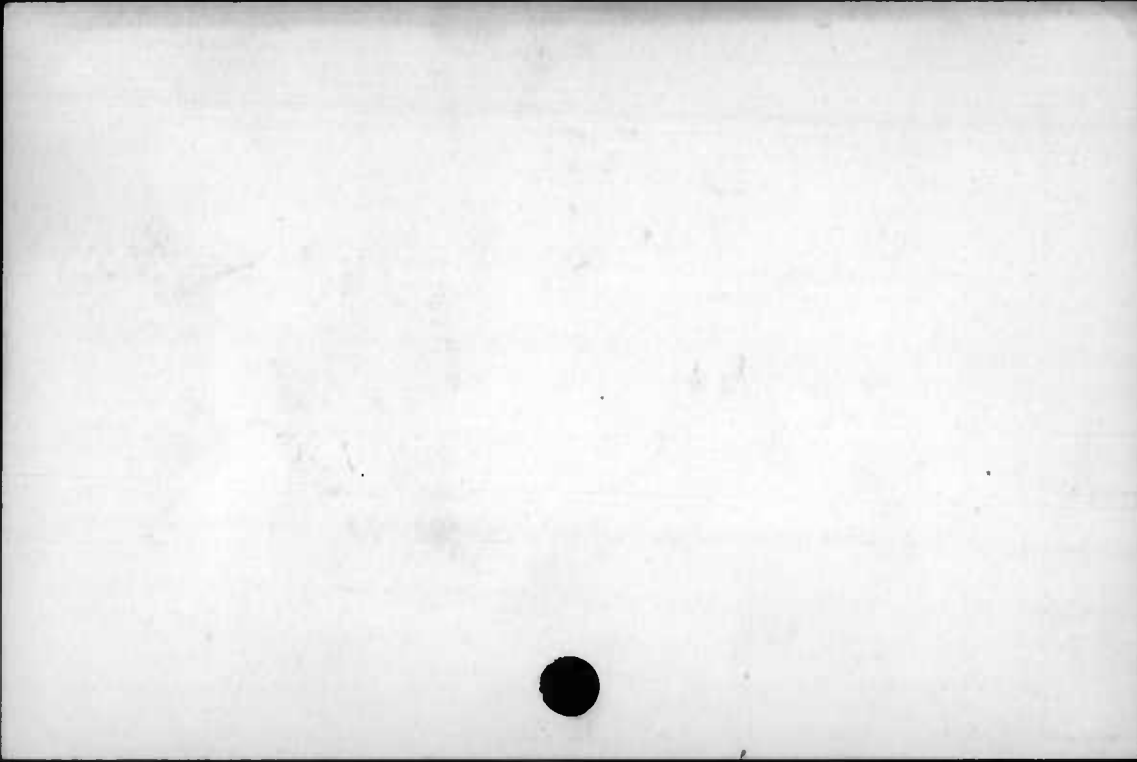
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb'y</i>	Day <i>26</i>	Age <i>63</i>	Months <i>3</i>	Days <i>28</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Pa.</i>				
Occupation <i>Conductor - Penna. R.R.</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Nancy E. Robison (Kepner)</i>					
Father's Name <i>Benj. Kepner</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Margaret Frankhouse</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving In formation <i>B. E. Kepner</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>		<i>Inflammation</i>	<i>How long</i>	<i>Several years</i>
Immediate	<i>Uræmia</i>		<i>Rheumatism</i>	<i>How long</i>	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. O. Neudix, M.D.</i>		
			Address <i>Frederick, Md.</i>		
Accident or Suicide?		<i>No</i>			



Name
in
Full

Mrs Anna Lora Shepley Kinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

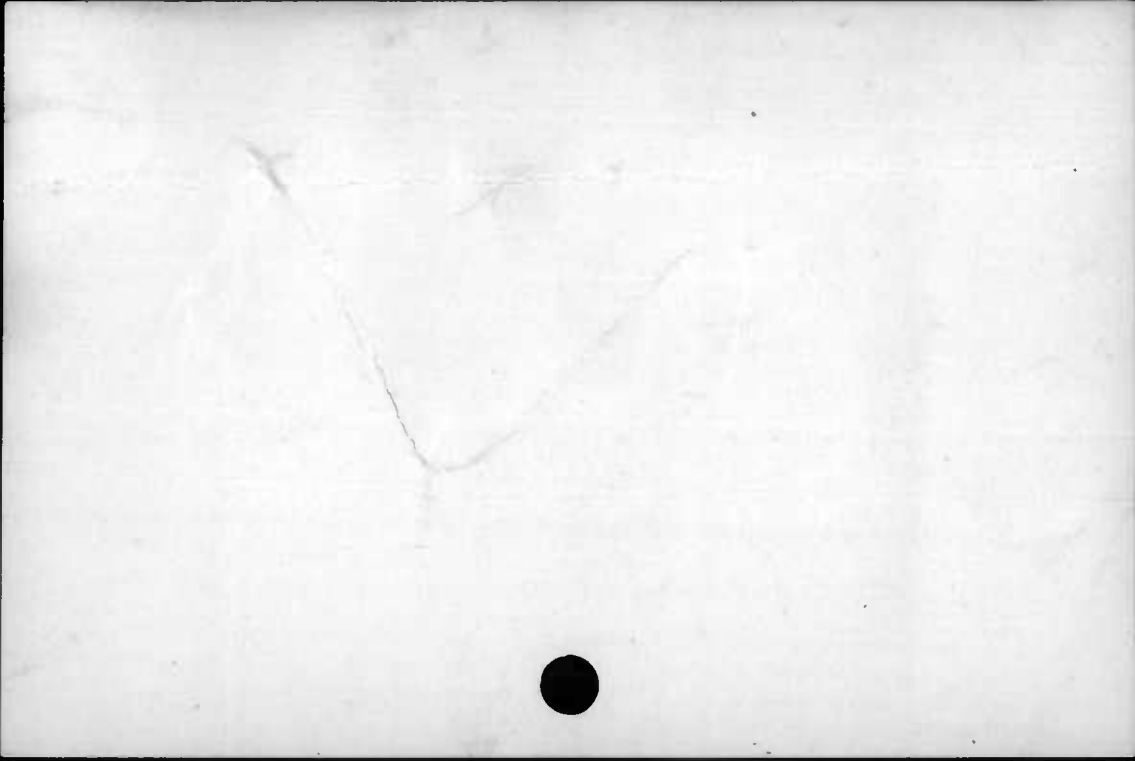
Died at ^{Town} Myerstown (Near Harmony)		^{County} Frederick		MARYLAND	
Date of death	1908	Month	Feb	Day	8
Age		28		Months	11
Sex		Female		Color or Race	White
Birthplace		Ellerton			
Occupation		Housewife			
Where Residing if not at place of death		—			
Married, Single or Widowed		Married			
Name of Wife or Husband		Elmer Kinn			
Father's Name		Aaron Shepley		Father's Birthplace	Ind
Mother's Maiden Name		Susan Longman		Mother's Birthplace	Ind
Name of person giving information		1		How related to deceased	

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	Labor at full term (Instrumental)	How long	24 hours.
Immediate	Circulatory failure (Asphyxiation)	How long	1.5 minutes about
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. H. Hoke M.D.	
Yes.		Address Myerstown	
Accident or Suicide?		Md.	



Name
in
Full

William A. Knott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>4</i>	Day <i>1</i>	Age <i>77</i>	Years <i>7</i> Months <i>7</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Leathonia Mc Nulty</i>				
Father's Name <i>Benedict Knott</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Benedict Knott</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long <i>3 years</i>
Immediate	<i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. Estey</i>	
	Address <i>Emmitsburg Ind</i>	
Accident or Suicide?		



Name
in
Full

Katharine E. Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Novels ^{Town}		Frederick ^{County}		MARYLAND	
Date of death		1908	Feb	Day	19	Years	79
Sex		Female		Color or Race		White	
Occupation		Clerk		Where Residing if not at place of death		Woodstock Md	
Married, Single or Widowed		Single		Name of Wife or Husband		William Lane	
Father's Name		John Holburne		Father's Birthplace		Lancaster Pa	
Mother's Maiden Name		Lucy Hull		Mother's Birthplace		York Pa	
Name of person giving information		John M. Holburne		How related to deceased		First Cousin	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Senility	How long	Don't know
Immediate	Senile Dementia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	R. L. Hammond
		Address	Woodstock Md.
Accident or Suicide?	No.		

St. George Church. Grave yard.

Name
in
Full

Amanda E. Lease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Liberty Town*^{County} *Frederick*

MARYLAND

Date
of death *1908*^{Month} *Feb.*^{Day} *26th*

Age

^{Years} *41*^{Months} *6*^{Days} *25*

Sex

*Female*Color or
Race*White*Birth-
place*Frederick Co*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Gideon P. Lease*Father's
Birthplace*Frederick Co*Mother's
Maiden Name*Elizabeth Houseller*Mother's
Birthplace*Frederick Co*Name of person giving
In formation*Howard M. Lease*How related
to deceased*Brother*

CAUSES OF DEATH

93

Primary

Acute Lobar Pneumonia

How long

10 days

Immediate

Heart Failure

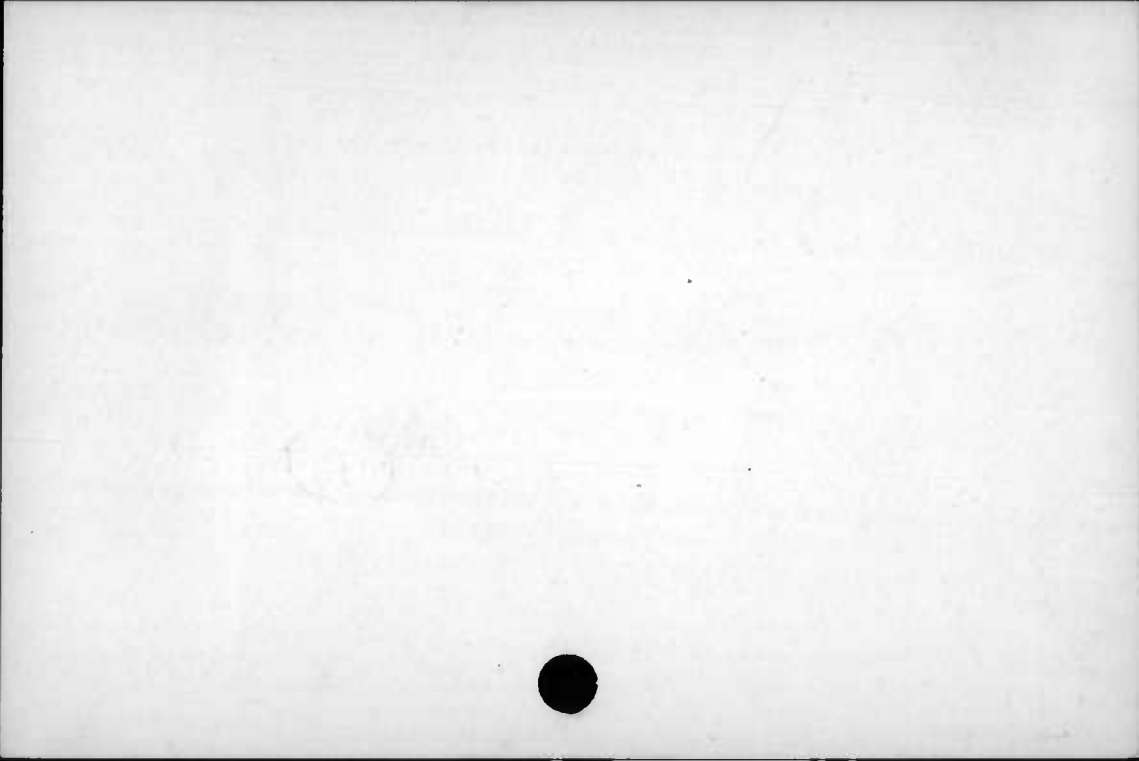
How long

*pp hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Wm. B. Howe*

Address

*Liberty Town
Md.*

Accident or Suicide?



Name
in
Full

Daniel E. Leekins

• CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Feb'y</i>	Day <i>22</i>	Years <i>61</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single <i>or Widowed</i>			Occupation <i>Day Laborer</i>		
Name of Husband <i>Laura Virginia Boone</i>					
Father's Name <i>Thomas Leekins</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Magdeline Abbaugh</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John T. Leekins</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

177
How long

PHYSICIAN
OR CORONER

Primary <i>General Anoxemia</i>	<i>3 or 4 months</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Sidwell</i>
	Address <i>Johnsville, Md.</i>
Accident or Suicide?	



Name
in
Full

Frank P. Leekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johnsville</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	<u>Feb.</u> ^{Month}	<u>2</u> ^{Day}	Age <u>16</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or <u>Widowed</u>			Occupation <u>Farm Laborer</u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Daniel Leekins</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Jennie Brown</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Daniel Leekins</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>between 6+7 days</u>
<u>with heart failure</u>	How long <u> </u>
Immediate <u>General toxemia</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. H. Sidwell</u>
	Address <u>Johnsville, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Lidia Ann Littlefield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

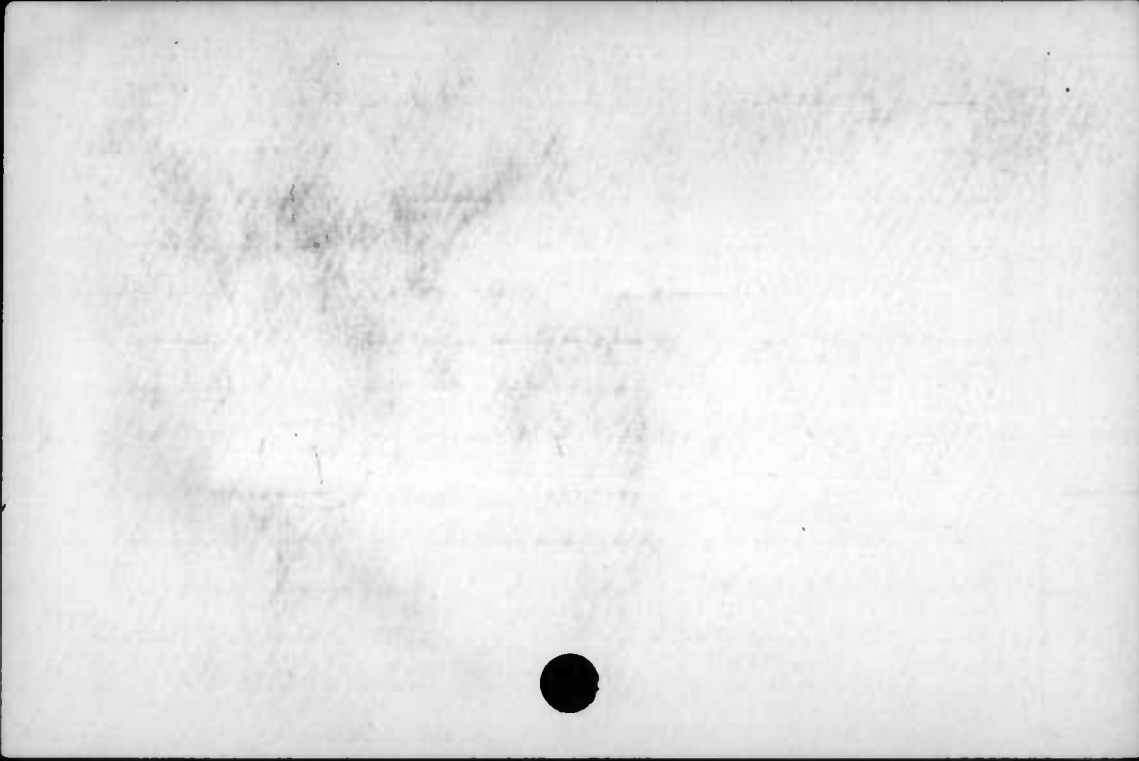
Died at		Town Rumpton		County Frederick		MARYLAND	
Date of death	1908	Month Feb	Day 8th	Age	81	Months 6	Days 26
Sex	Female		Color or Race	Afric		Birth-place	Ma
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Don't know			
Father's Name	John Contsail				Father's Birthplace	Ma	
Mother's Maiden Name	Catherine Fogle				Mother's Birthplace	Ma	
Name of person giving information	Bessie Bunkles				How related to deceased	Niece	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pharyngitis		How long	5 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. G. Treat MD		
Address		Baltimore		
Accident or Suicide?				



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

MARYLAND

Died at Fukushima - Hoshikawa Town

County
Frederick

Date of death 1908 Feb 13

Age ^{Years} 72

Months	Days
--------	------

Sex *Male*

Color or Race *white*

Birth-
place

Occupation Farmer

Where Residing if not
at place of death *Fredrick Co*

Married, Single
or Widowed *Married*

Name of Wife or Husband Thelma K. Brown

Father's Name Adrian Smith

Father's Birthplace *Mex*

Mother's Maiden Name H. Knowles

Mother's Birthplace

Name of person giving information: Personal Knowledge

How related
to deceased

CAUSES OF DEATH

166

Primary Accidental Railroad Injuries

How long 2.15 hr.

Immediate *[Signature]*

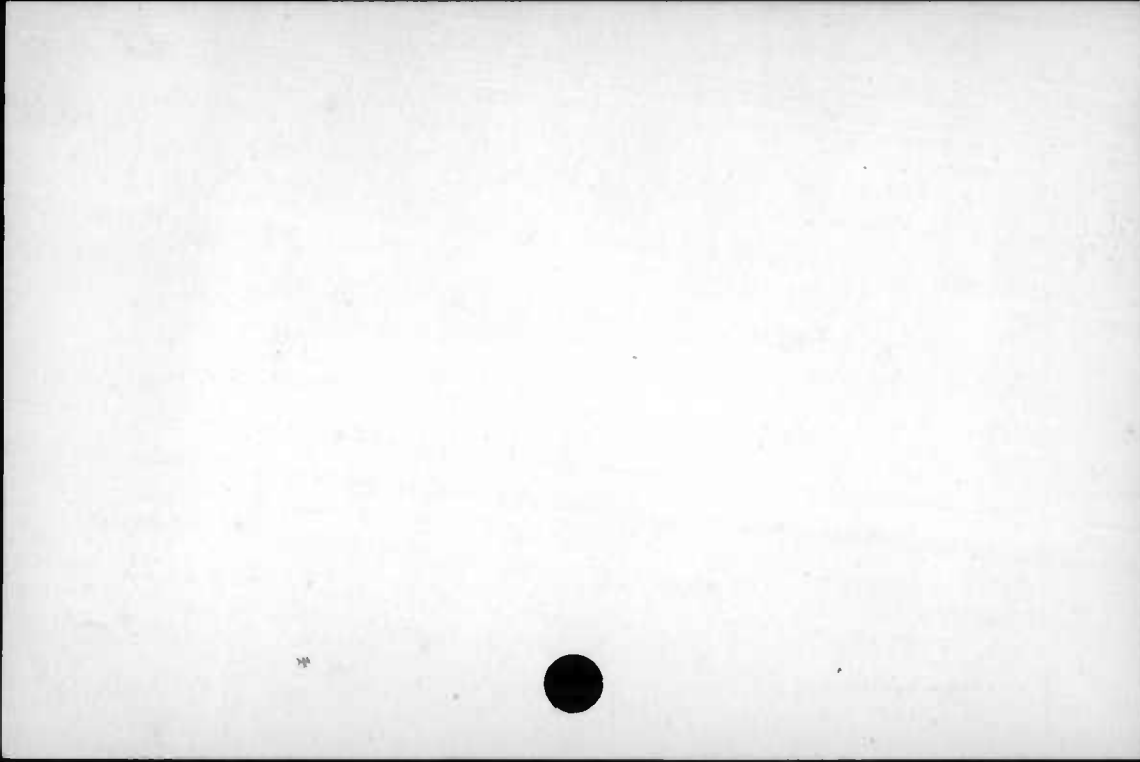
How long 26 15-m.

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. M. G. ...*

Address Frederick R.

Accident or Suicide?



Name
in
Full

Jessie Greinner McNealley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

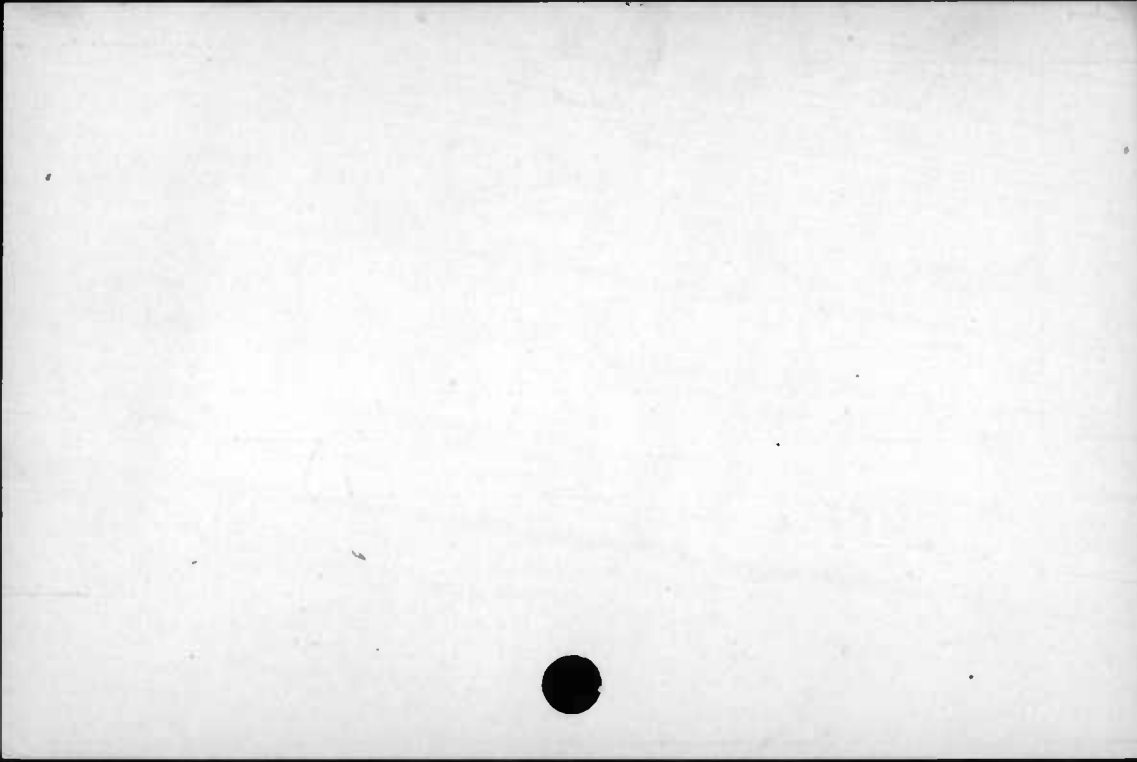
Died at <u>Brunswick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>19</u>	Age <u>6</u>	Years <u>2</u>	Months <u>24</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>mt</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William D. McNealley</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Susan Virginia Greinner</u>	Mother's Birthplace <u>mt.</u>				
Name of person giving information <u>Wm. D. McNealley</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

17

PHYSICIAN
OR CORONER

Primary <u>Scarlet Fever</u>	How long <u>7 days</u>
Immediate <u>General Infection</u>	How long <u>2003 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Levin West</u>
	Address <u>Brunswick Frederick Co</u>
Accident or Suicide?	



Name
in
Full

Wesley Marker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emmitsburg		County Frederick		MARYLAND	
Date of death	1908	Month	Feb	Day	10	Age	69
Sex		male		Color or Race		white	
Occupation		former		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Married		Name of Wife or Husband		Charlotte Marker	
Father's Name		Peter Marker		Father's Birthplace		Germany	
Mother's Maiden Name		unknown		Mother's Birthplace		Germany	
Name of person giving information		A. E. Marker		How related to deceased		Son	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	4 weeks
Immediate	Edema Pulmonary	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. J. Jamison.	
		Address	
		Emmitsburg, Md.	
Accident or Suicide?			



Name
in
Full

Allen P Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

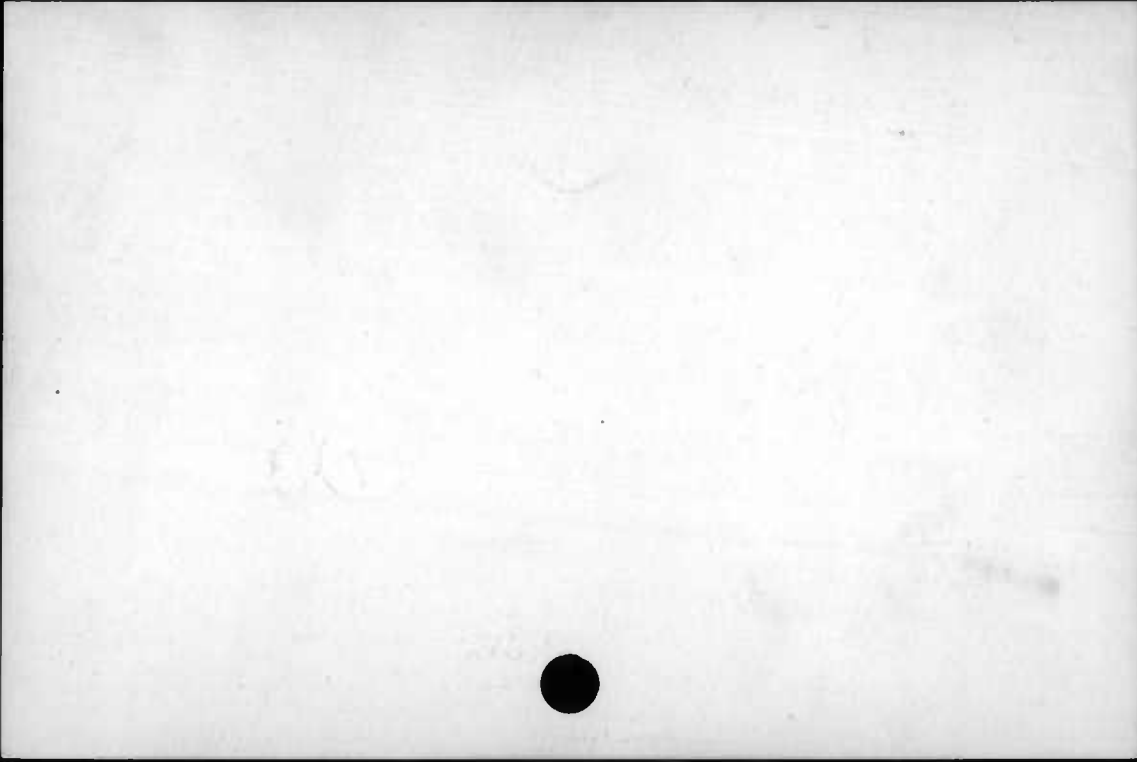
Died at <i>Fredrick Md</i>		Town <i>Md</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>15</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co Md</i>		Months <i>—</i>	
Occupation <i>Fireman</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Wilson Montgomery</i>		Father's Birthplace <i>Fredrick Co Md</i>					
Mother's Maiden Name <i>Elizabeth Crawford</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Ball</i>		How related to deceased <i>Brother in Law</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever.</i>		How long <i>3 wks.</i>	
Immediate <i>Hemorrhage</i>		How long <i>a few hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Johnson</i>	
		Address <i>Fredrick Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Acg Jefferson</i>		Town <i>Acg Jefferson</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>2</i>	Day <i>9</i>	Age <i>4</i>	Years <i>7</i>	Months <i>13</i>	Days
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birthplace <i>Acg Jefferson</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Henry Hallman</i>				Father's Birthplace			
Mother's Maiden Name <i>Gertrude Aboose</i>				Mother's Birthplace			
Name of person giving information <i>Annice Aboose</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussus

How long

2 mos -

Immediate

Leatharral Pneumonia

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

Yes.

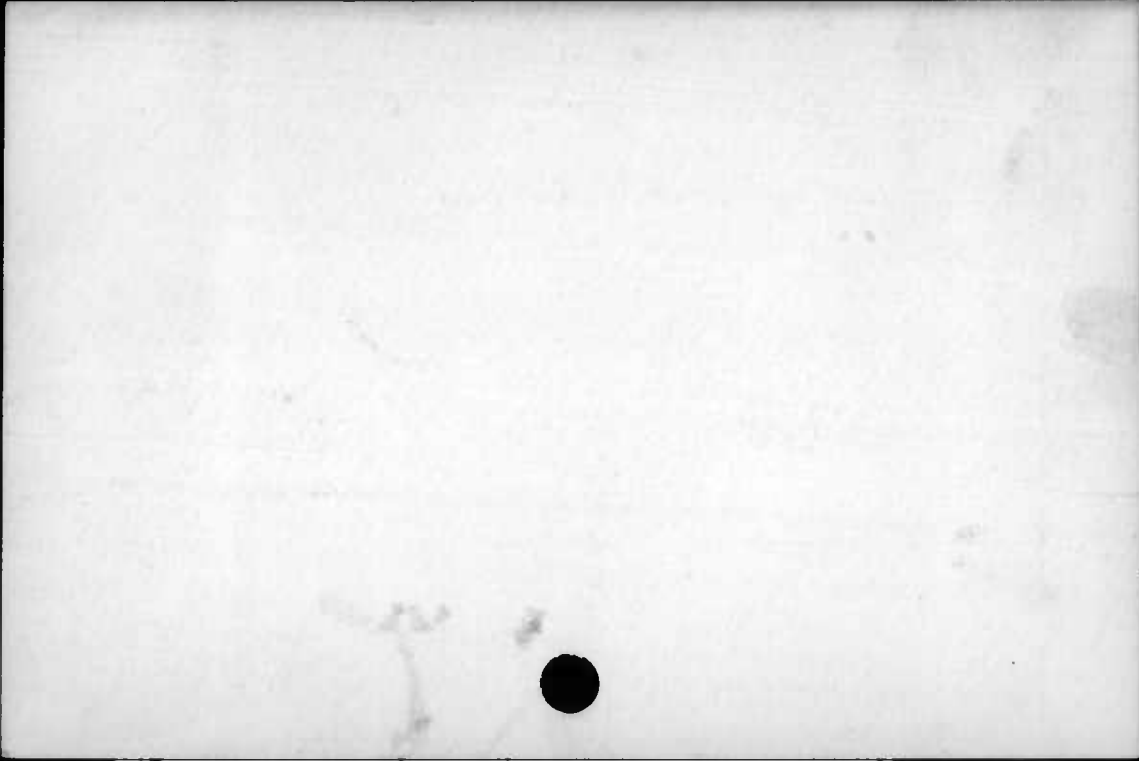
Signature of Physician

A. J. Smith

Address

*Jefferson
Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

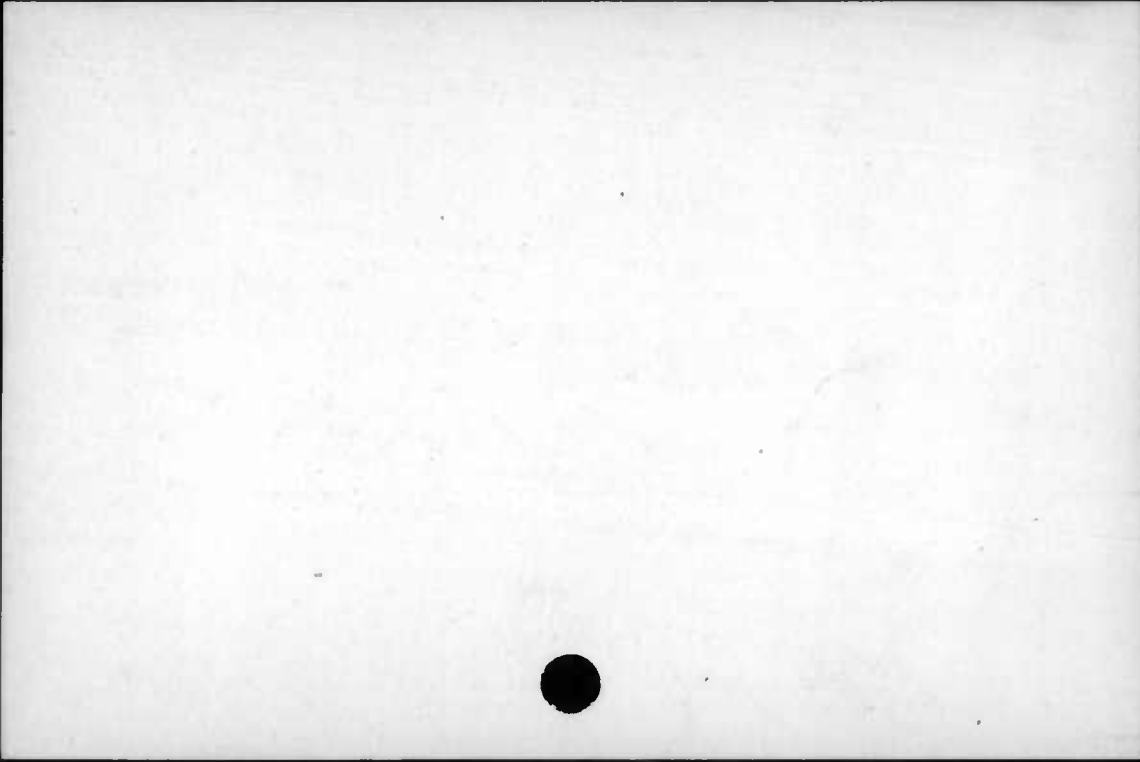
Died at <i>Beach</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Feb</i> ^{Month}	<i>15</i> ^{Day}	<i>19</i> ^{Years}	<i>10</i> ^{Months} <i>7</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Lewis Murphy</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Jane Alford</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Mr. Schoder</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Pericarditis Acute</i>	How long	<i>2 mos</i>
Immediate	<i>Asthma</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Cuddy</i>	
<i>Yes</i>		Address <i>Frederick</i>	
Accident or Suicide? <i>H</i>			



Name
in
Full

Clifford Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

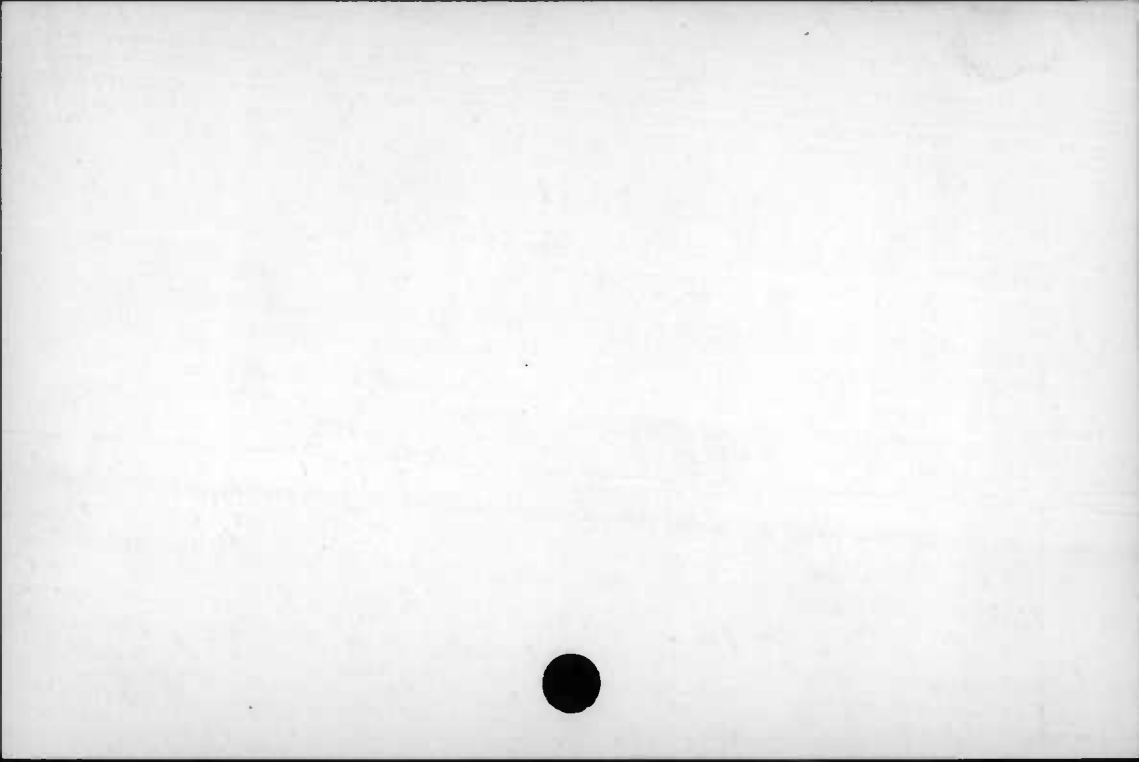
Died at		Town Freed		County Freed		MARYLAND	
Date of death		1908	Month 2	Day 13	Age 23	Years 4	Months 20
Sex		Male		Color or Race White		Birth-place Md	
Occupation Painter				Where Residing if not at place of death died in City Hospital			
Married, Single or Widowed		Single		Name of Wife or Husband Annie Barker			
Father's Name Luther R Myers				Father's Birthplace Va			
Mother's Maiden Name Sarah Barker				Mother's Birthplace Va			
Name of person giving information Luther R Myers				How related to deceased Father			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Supper	How long	3 weeks
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. Campbell	
Address		Freed Md	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

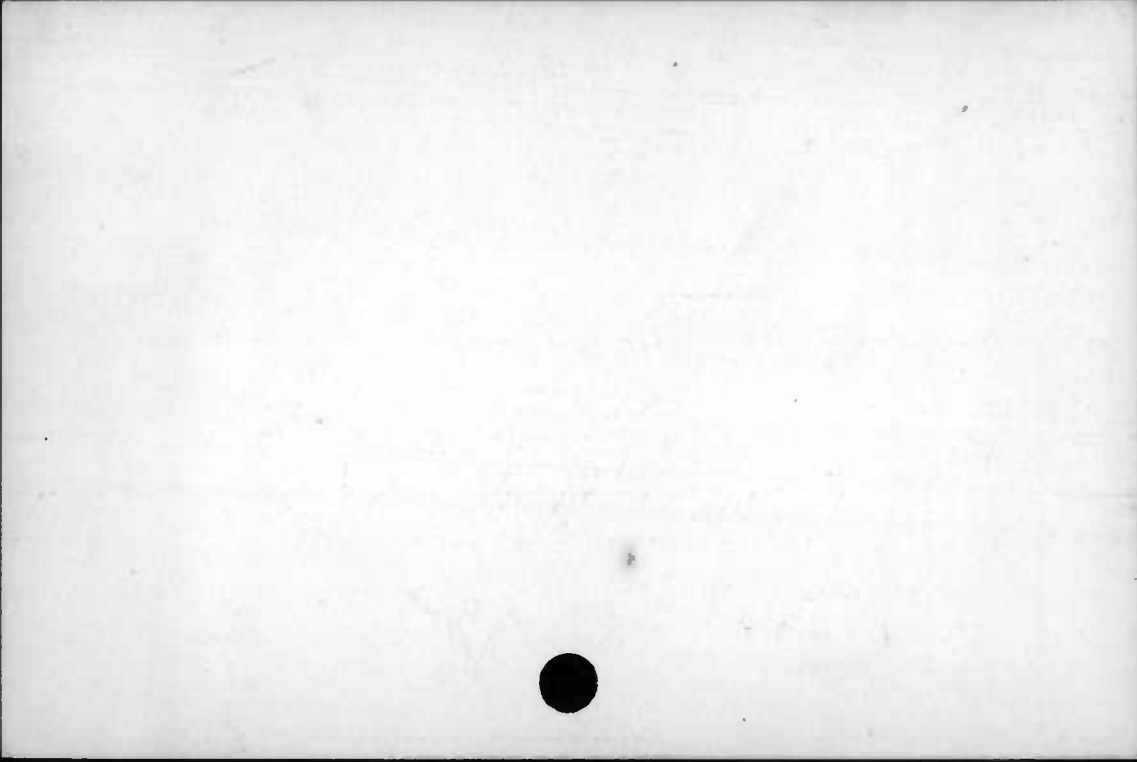
Died at <i>Westfalls</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>94</i>	Months <i>X</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>At place of death</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Has none</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Milton Smith</i>			How related to deceased <i>In no way</i>		

CAUSES OF DEATH

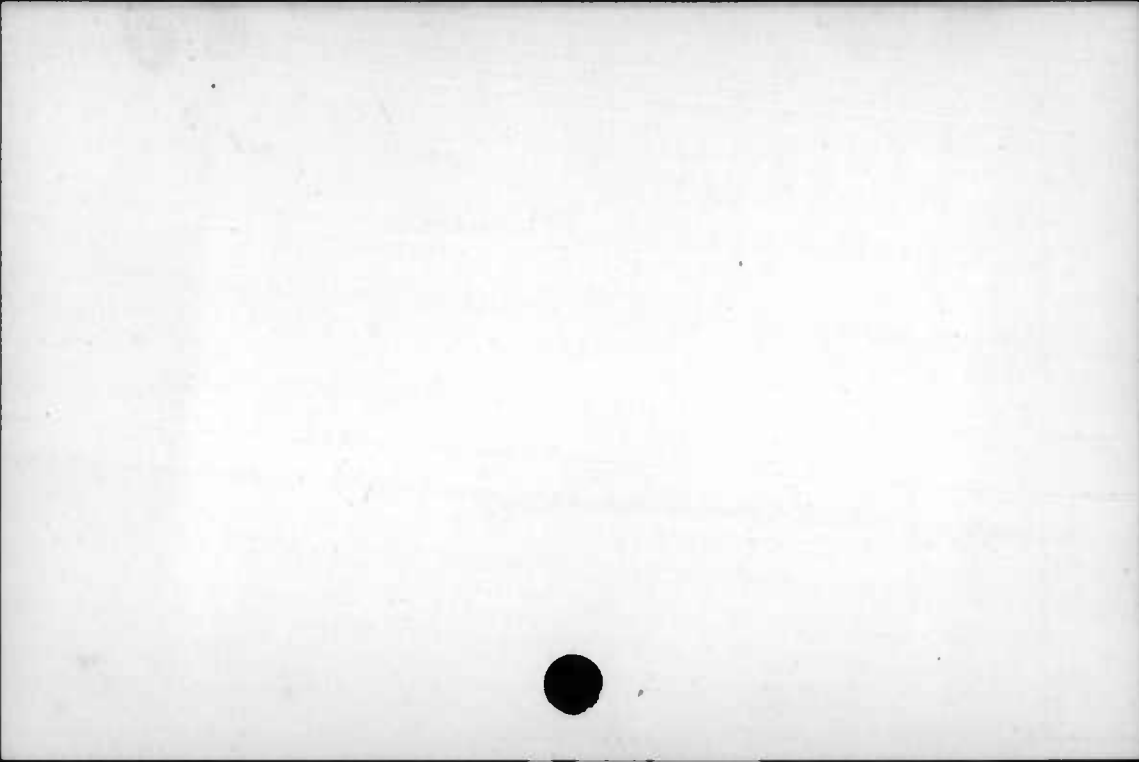
154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of Age</i>	How long
Immediate <i>Exhaustion Sudden</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. P. Sappington</i>
	Address <i>Unionville Maryland.</i>
Accident or Suicide?	



Name in Full		Palmer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Fredk</u> <small>Town</small>		<u>Reedk</u> <small>County</small>		MARYLAND		
	Date of death <u>1908</u> <small>Month</small> <u>Feb</u> <small>Day</small> <u>8</u>		Age <u>0</u> <small>Years</small>		Months <u>0</u>		Days <u>0</u>
	Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>MD</u>		
	Occupation <u>None</u>		Where Residing if not at place of death _____				
	Married Single or Widowed		Name of Wife or Husband _____				
	Father's Name <u>unknown</u>				Father's Birthplace _____		
	Mother's Maiden Name <u>Hannah Palmer</u>				Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Hannah Palmer</u>		How related to deceased <u>mother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Still born</u>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> S </div>		How long _____		
	Immediate _____				How long _____		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm H Johnson</u> <u>Lizzie Sparks midwife</u>				
			Address <u>Fredk</u> <u>MD</u>				
	Accident or Suicide? <u>no</u>						



Name
in
Full

Annie E. Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

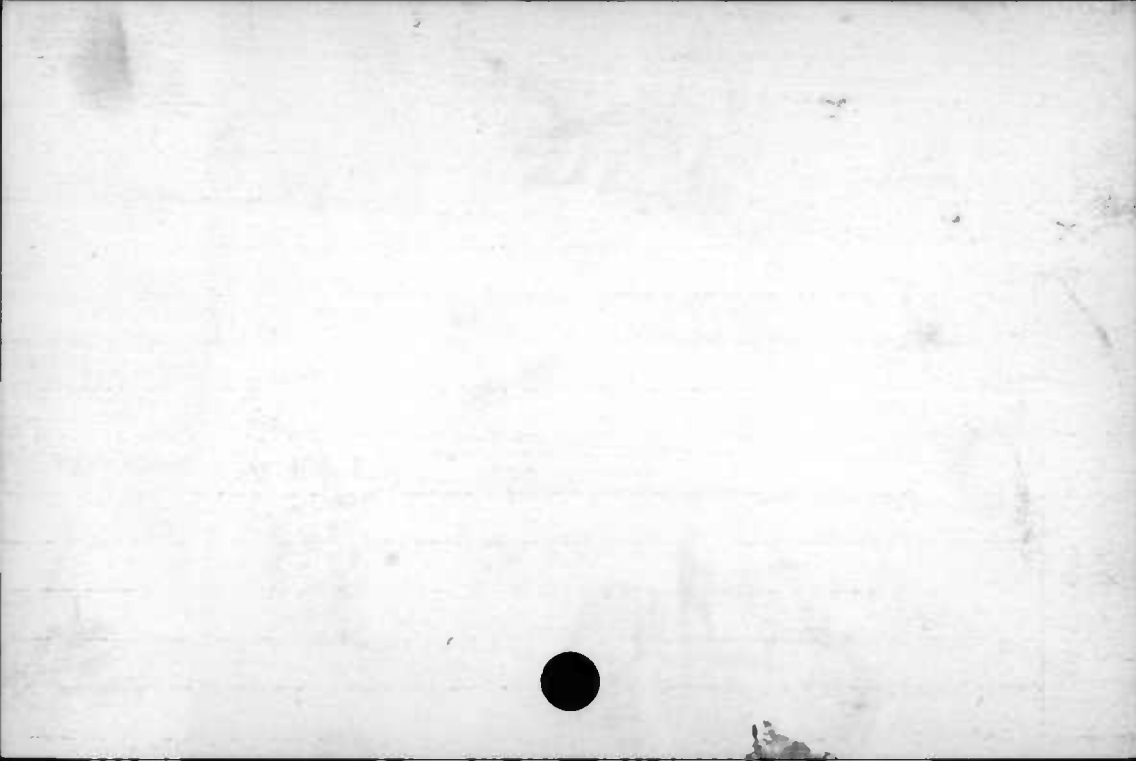
Died at <u>Brunswick</u> Town		<u>Antirick</u> County		MARYLAND	
Date of death	1908	Month	Feb	Day	26
Age	34	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Montgomery, W. Va.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Charles M. Peters</u>			
Father's Name	Charles Price	Father's Birthplace <u>N. J.</u>			
Mother's Maiden Name	Annie Martin	Mother's Birthplace <u>Va.</u>			
Name of person giving information	Charles M. Peters	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary	<u>Extra uterine pregnancy</u> ectopic pregnancy	How long	<u>Do not know</u>
Immediate	<u>Colapex - Internal Hemorrhage</u>	How long	<u>1 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>C. R. Conway M.D.</u>
		Address	<u>Brunswick Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Loraine Henry Remsburg*

Died at *Buckeys town* Town *Fred* County

State *MARYLAND*

Date of death 190 *8* Month *Feb* Day *7* Age *6* Years Months *3* Days

Sex *Male* Color or Race *White* Birth-place *md -*

Married, Single or Widowed *Single* Occupation *School boy*

Name of Wife or Husband

Father's Name *Emory L Remsburg* Father's Birthplace *md*

Mother's Maiden Name *Viola Thomas* Mother's Birthplace *md*

Name of person giving information *Emory L Remsburg* How related to deceased *Father*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Pneumonia following Pertussis* How long *11 days*

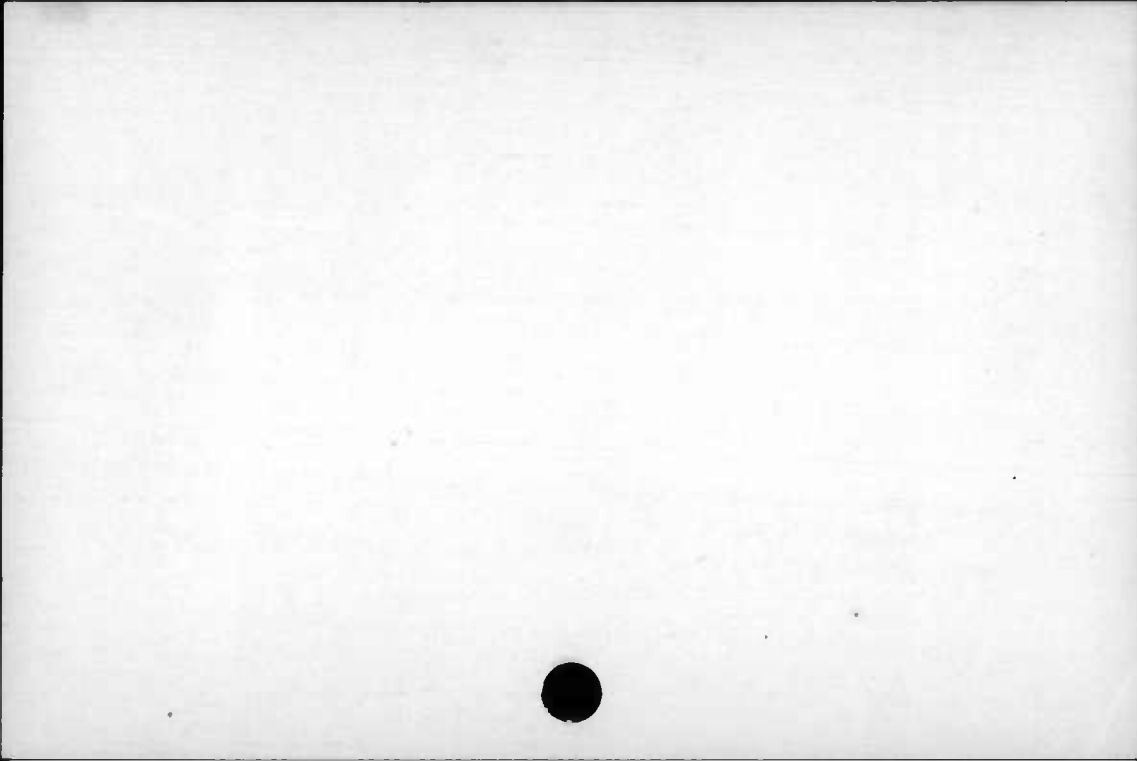
Immediate *cardiac failure* How long *6 hrs -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. Clyde Rounton*

Address *Buckeys town*

Accident or Suicide? *—*



Name
in
Full

William Patrick Riley

CERTIFICATE OF DEATH

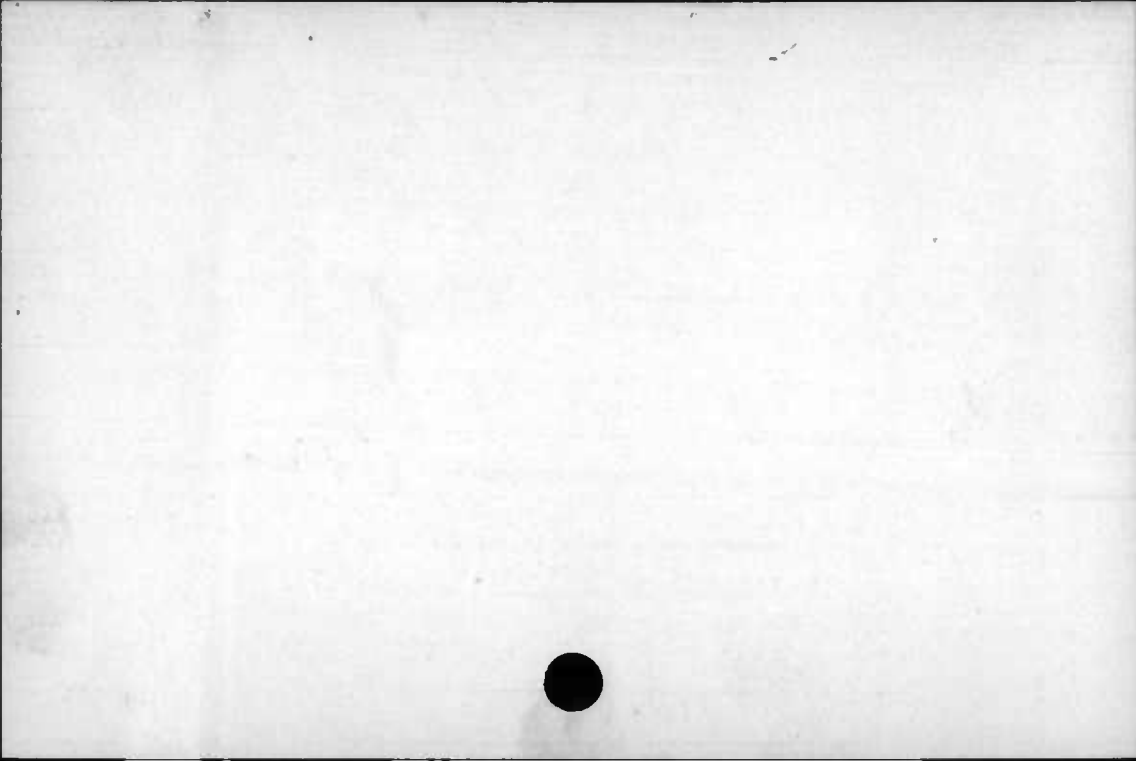
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Brunswick</u>		^{County} <u>Frederick</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Feb</u>	Day <u>6</u>	Age <u>60</u>	Years <u>60</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Foreman</u>		Birth-place	<u>Ireland</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>married</u>		Name of Wife or Husband	<u>Ellen Phalen</u>	
Father's Name	<u>Othor John Riley</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Martha Margaret Cook</u>			Mother's Birthplace	<u>Ireland</u>
Name of person giving information	<u>Ellen Riley</u>			How related to deceased	<u>wife</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>21</u>
Immediate	<u>Exhaustion</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Linn West</u>
		Address	<u>Brunswick Frederick Co</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Catherine Puckles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

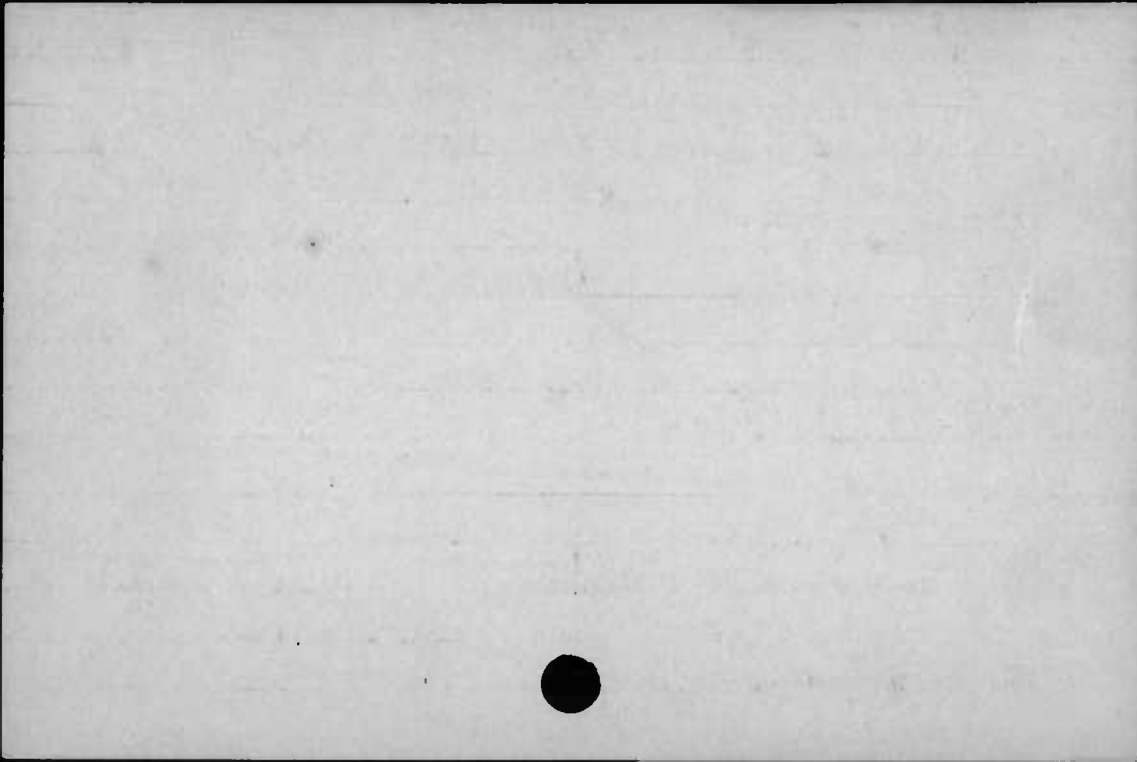
Died at <i>near Pearle</i>		Town <i>Pearle</i>		County <i>Frederick</i>		No. <i>5</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>21</i>	Age <i>67</i>	Years	Months <i>8</i>	Days <i>19</i>			
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>W. of Mary land</i>						
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Basel T. Puckles</i>							
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>						
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Edna Anderson</i>			How related to deceased <i>Son in law</i>						

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Atrophy of liver</i>	How long	<i>2 years</i>
Immediate	<i>Degenerative changes + exhaustion</i>	How long	<i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Riggs M.D.</i>	
		Address <i>Januvia Mo.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

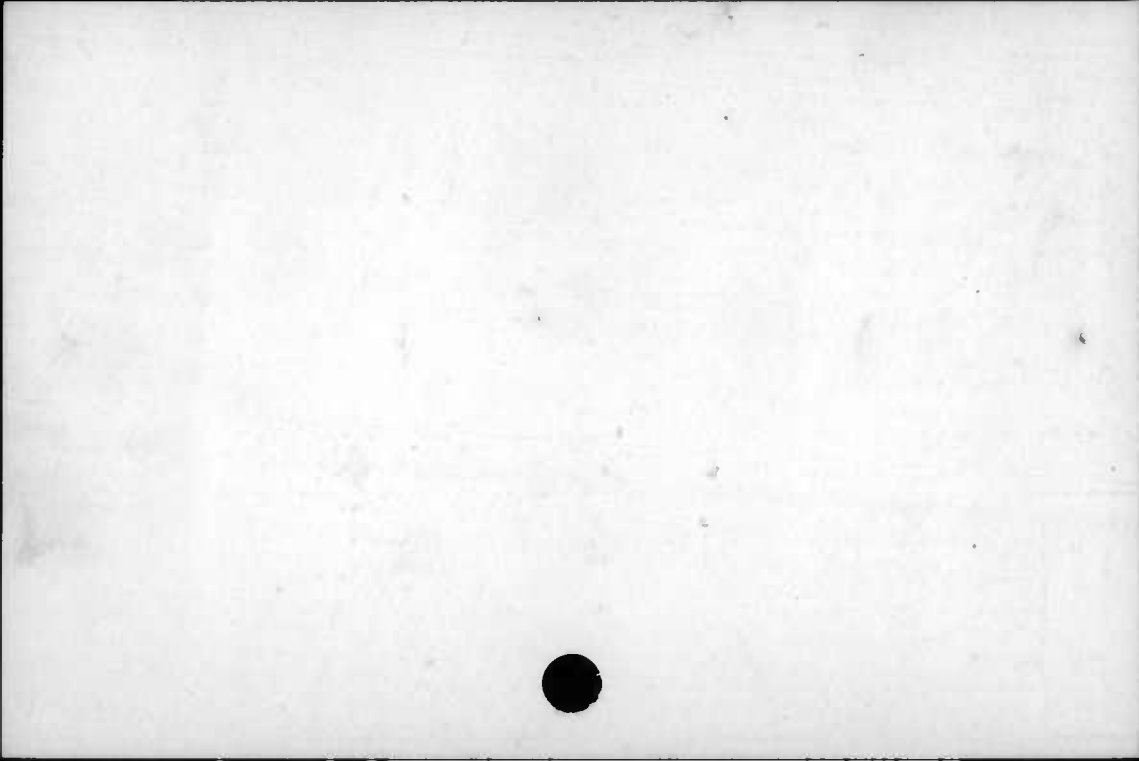
Name in Full <i>Martha J Saylor</i>		Town <i>Trantville</i>		County <i>Fred. Co.</i>		MARYLAND	
Died at <i>Trantville</i>		Month <i>Febr.</i>		Day <i>12</i>		Years <i>68</i>	
Date of death <i>1908</i>		Month <i>Febr.</i>		Day <i>12</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co. Md.</i>		Months <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same place</i>		Days <i>8</i>			
Married, Single <i>Married</i>		Name of Wife or Husband <i>John W Saylor</i>					
Father's Name <i>Owen Lodgewood</i>		Father's Birthplace <i>St. G. Md.</i>					
Mother's Maiden Name <i>Louise Bayers</i>		Mother's Birthplace <i>St. G. Md.</i>					
Name of person giving information <i>John W. Saylor</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Rheumatism Deformis</i>	How long <i>25 yrs.</i>
Immediate <i>General Asthma - from intense skin</i>	How long <i>unable to walk for 20 years. Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. A. Stutz</i>
<i>To best of my knowledge</i>	Address <i>Woodward Md.</i>
Accident or Suicide? <i>?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

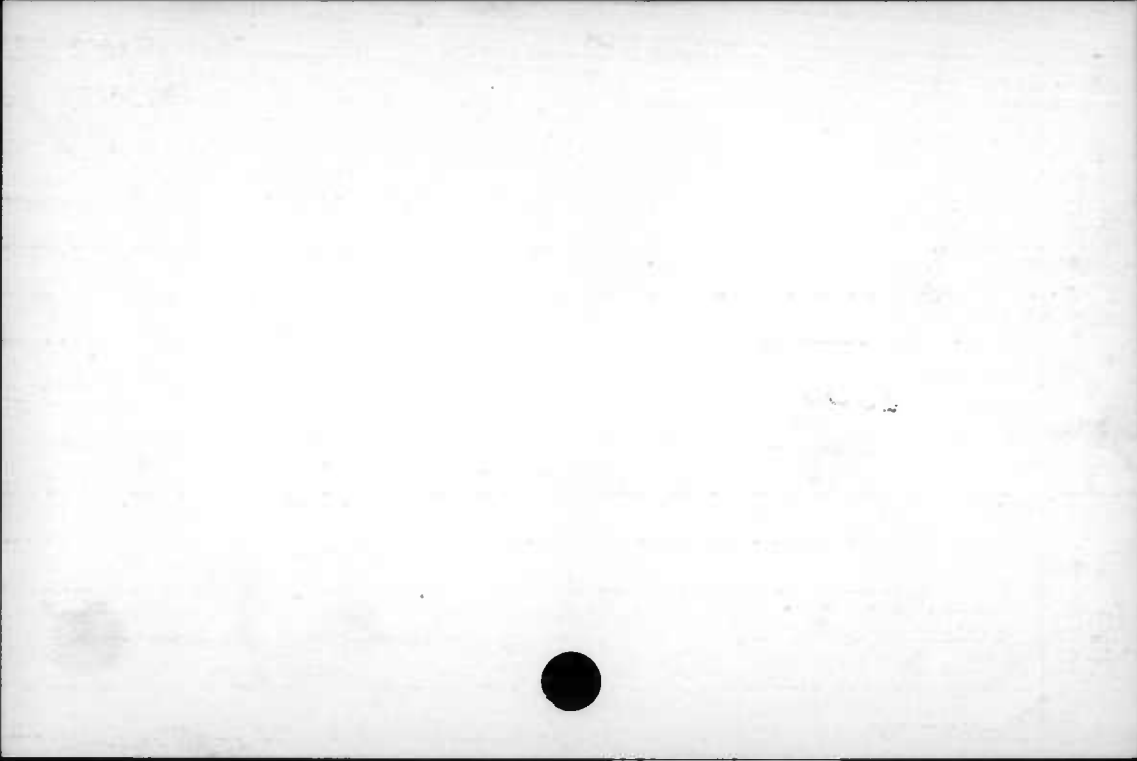
Died at		Town Brunswick		County Brunswick		MARYLAND	
Date of death	1908	Month Feb	Day 1	Age	Years 2	Months 5	Days 3
Sex	Female		Color or Race	white		Birth-place	Montgomery Co.
Occupation	—			Where Residing if not at place of death		Brunswick	
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Charles W. Selby					Father's Birthplace	Montgomery Co.
Mother's Maiden Name	Hattie Appleby					Mother's Birthplace	" "
Name of person giving information	C. W. Selby					How related to deceased	Father

CAUSES OF DEATH

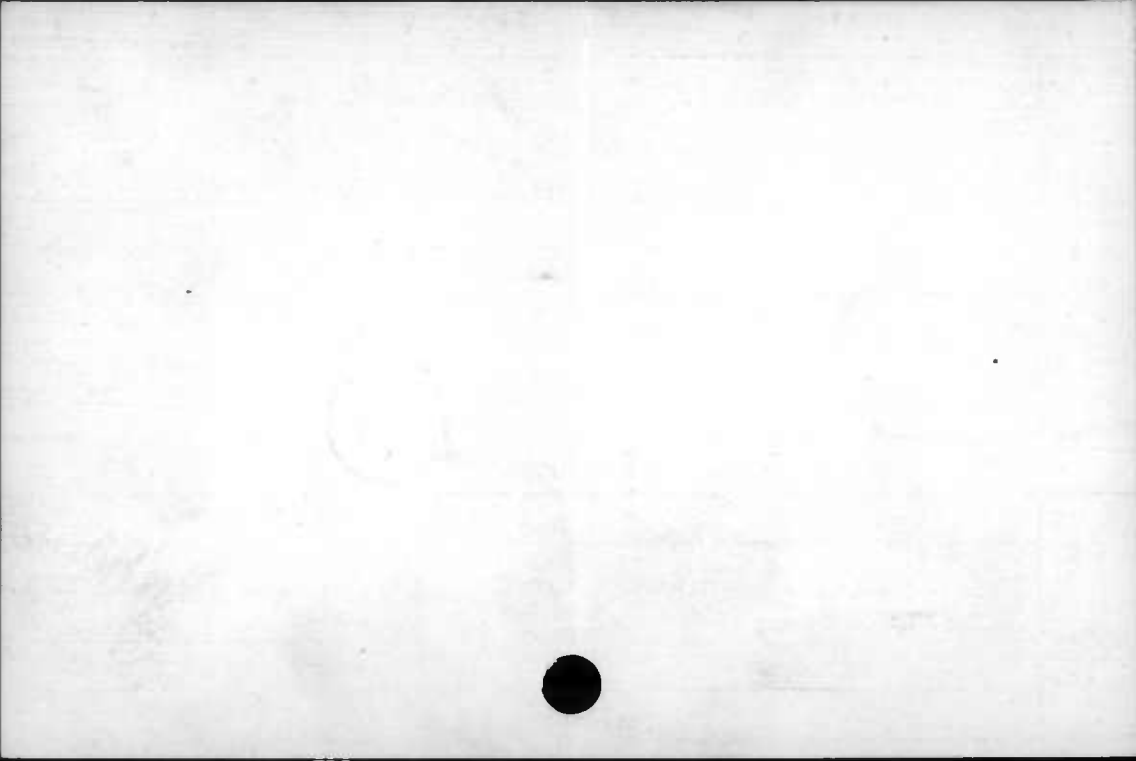
61

PHYSICIAN
OR CORONER

Primary	Pneumonia & Meningitis		How long	2 or 3 days
Immediate	Profound infection - Coma		How long	2 1/2 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes		for this child only one hour before death	
Signature of Physician		C. W. Selby, M.D.		
Address		Brunswick, Md.		
Accident or Suicide?				



Name in Full		Sherfey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Yrontville		County Frederick		MARYLAND	
	Date of death	1908	Month Feb	Day 4	Age	Years	Months Days
	Sex	Male		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death		Yrontville	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Samuel Sherfey				Father's Birthplace	Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Nettie Lightner				Mother's Birthplace	Md
	Name of person giving In formation					How related to deceased	
	CAUSES OF DEATH						<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="font-size: 40px; font-weight: bold;">S</div> <div style="font-size: 40px; font-weight: bold;">P</div> </div>
	Primary	Still Born				How long	
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. B. S. Young M.D.			
		Address					
Accident or Suicide?							



Name
in
Full

Mrs Elisabeth P. Shook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>62</i>	Years <i>4</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm J. Shook.</i>					
Father's Name <i>Harry Morningstar</i>			Father's Birthplace <i>Fredrick Co</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Charles Shook</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>1 year</i>
Immediate <i>Insanities & Exhaustion</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. S. Lyson,</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide?	

Utica Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John H. Shook*
Liberty Town ^{Town}*Fredrick* ^{County}Date of death *1908* ^{Year} *Feb* ^{Month} *16* ^{Day} Age *52* ^{Years} *4* ^{Months} *8* ^{Days}Sex *Male* Color or Race *White* Birth-place *Fredrick Co*Occupation *Hotel Keper* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Etta Shook*Father's Name *John William Shook* Father's Birthplace *Fredrick Co*Mother's Maiden Name *Mary Morningstar* Mother's Birthplace *Fredrick Co*Name of person giving information *James H. Shook* ✓ How related to deceased *Brother*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONERPrimary *Influenza* How long *2 days*
Immediate *Heart Failure* How long *16 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Chas B. Howe
Liberty Town
Md.

Accident or Suicide?



Name
in
Full

Laura Smeltzer

CERTIFICATE OF DEATH

Died at ^{Town} Unionville ^{County} Frederick

MARYLAND

Date of death 1908 ^{Month} Feb. ^{Day} 28 ^{Years} 54 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Md.Occupation House wife ^{Where Residing if not at place of death} At place of deathMarried, Single or Widowed Married ^{Name of Wife or Husband} Evan SmeltzerFather's Name William Justice ^{Father's Birthplace} Md.Mother's Maiden Name Catharine Stitzel ^{Mother's Birthplace} Md.Name of person giving information James Bostick ^{How related to deceased} Nephew

CAUSES OF DEATH

74

Primary Nervous prostration ^{How long} For months

Immediate

Died very sudden

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thomas P. Sappington M.D.

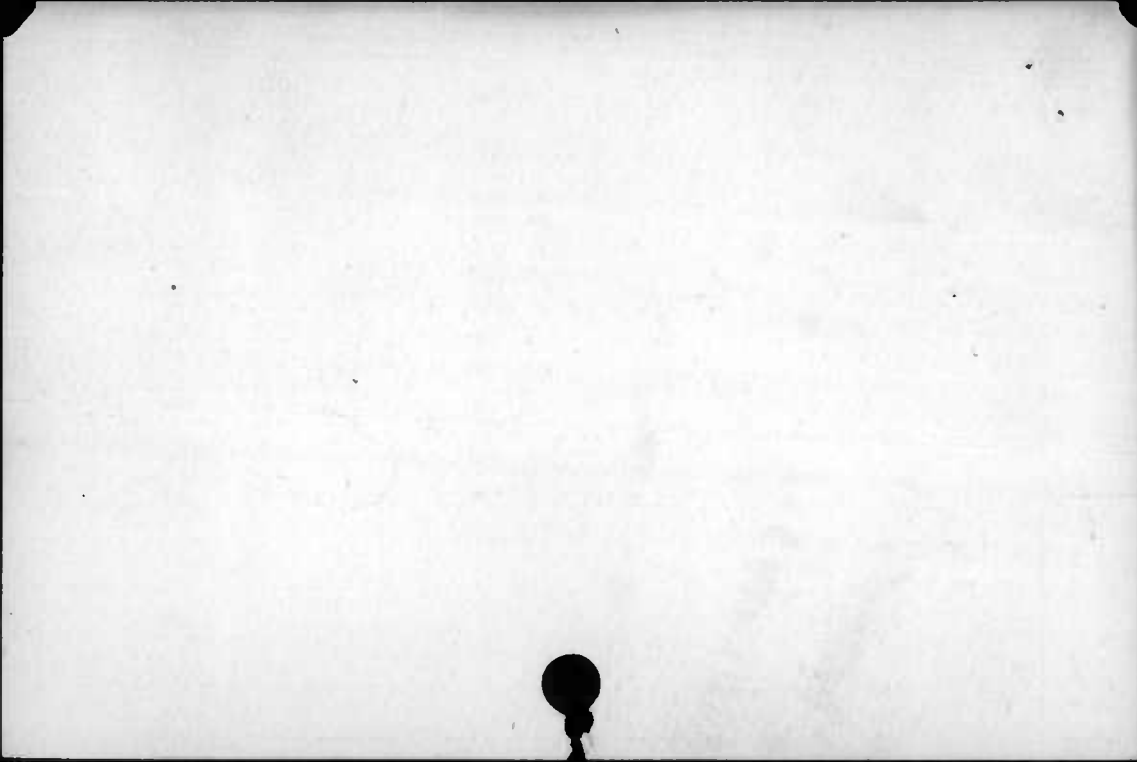
Address

Unionville,
Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1-1

Clarence A Smith

CERTIFICATE OF DEATH

Died at *Ortice* Town*Fredk* County

MARYLAND

Date
of death *1908*Month *2*Day *15*Age *29* YearsMonths *5*Days *1*

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Farmer*Where Residing if not
at place of death~~Married~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*William Smith*Father's
Birthplace*Maryland*Mother's
Maiden Name*Sophia Stringer*Mother's
Birthplace*..*Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

1

Primary

How long

Immediate

Typhoid fever

How long

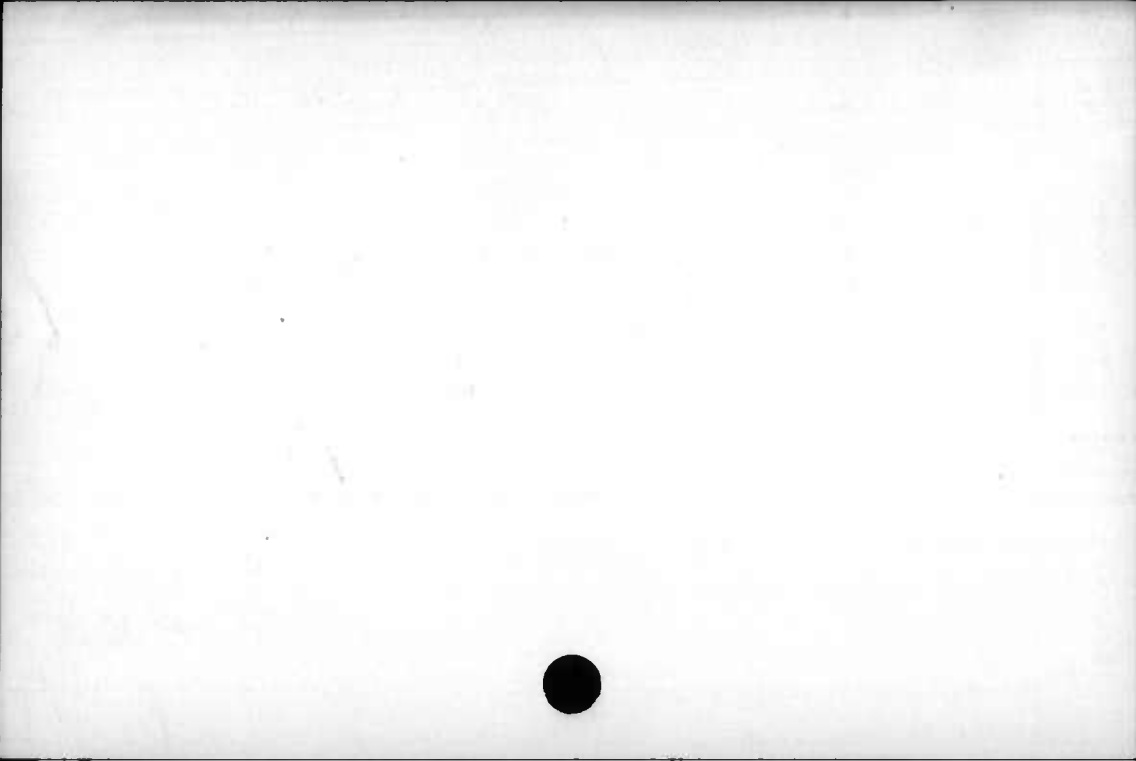
*14 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. S. Spurgeon*

Address

Lewiston

Accident or Suicide?

Md.



Name
in
Full

Unnamed. Died 3 days old. J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

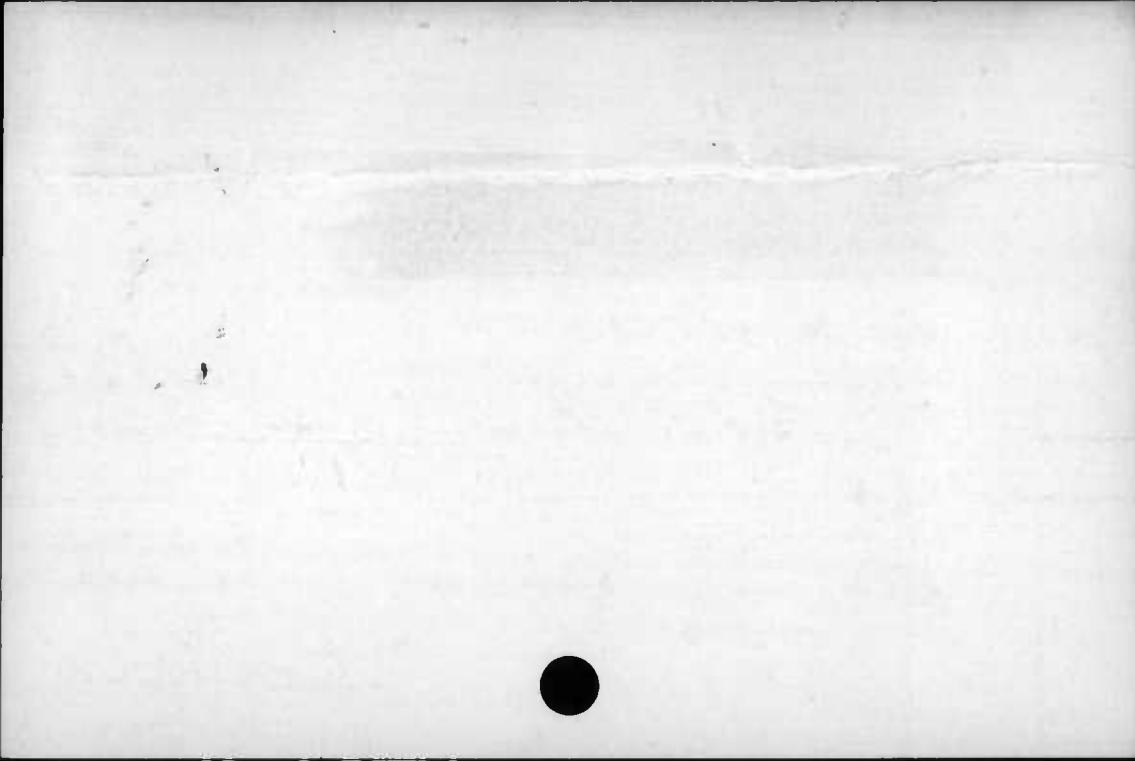
Died at <i>Myersville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1908	Month	Feb'y	Day	20
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Myersville</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Victor Smith</i>		Father's Birthplace <i>Myersville</i>			
Mother's Maiden Name <i>Bessie Louch</i>		Mother's Birthplace <i>Near Myersville</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Injuries incident to birth.</i>	How long	<i>3 ds.</i>
Immediate	<i>Intrauterine torsion (probably)</i>	How long	<i>3 ds.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>B. H. Hoke M.D.</i>	
		Address	
		<i>Myersville Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

Wm. Henry Strie.

Town

County

MARYLAND

Died at

W.E. Pleasant

Frederick

Date

1908

Month

2

Day

23

Years

37

Age

Months

5

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Woodsboro

Occupation

Butcher

Where Residing if not
at place of death

—

Married, ~~Single~~~~or Widowed~~Name of Wife or
Husband

Edith F. Strie.

Father's
Name

Geo. H. Strie

Father's
Birthplace

Woodsboro

Mother's
Maiden Name

Mary Warrick

Mother's
Birthplace

Fruit & Lee

Name of person giving
Information

Geo. H. Strie

How related
to deceased

Father.

CAUSES OF DEATH

48

Primary

Rheumatism

How long

2 yrs.

Immediate

Aortic insufficiency

How long

18 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

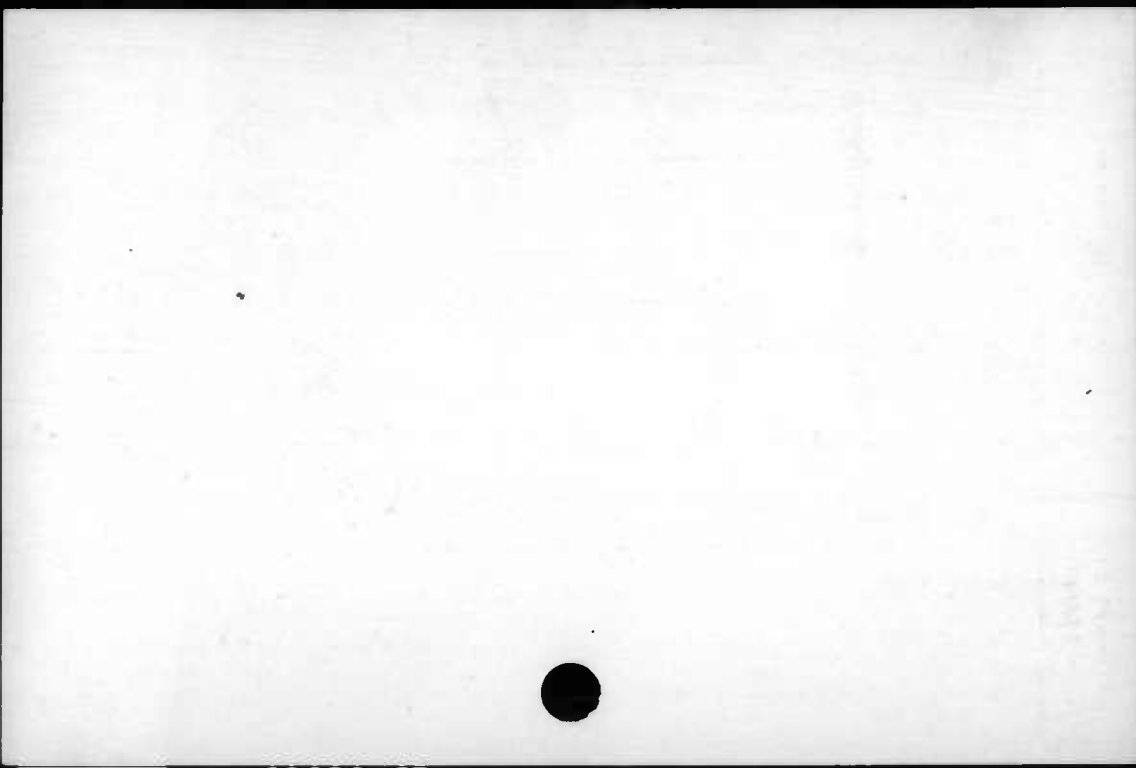
Address

J. O. Long.
Fruitville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Shodsbury* ^{Town} *Tred H.* ^{County}Date of death *1908* ^{Month} *Feb.* ^{Day} *2* ^{Years} *69* ^{Months} *4* ^{Days} *11*Sex *Male* Color or Race *White* Birth-place *Stulls Ford Md.*Occupation *Farmer* Where Residing if not at place of death *Shodsbury*Married, ~~Single~~ ^{or} ~~Widowed~~ ^{Husband} Name of Wife *Catharine E. Hull*Father's Name *Lewis Stull* Father's Birthplace *Ind.*Mother's Maiden Name *Mamie Ann Barnes* Mother's Birthplace *Ind.*Name of person giving information *Grace Stull* How related to deceased *Daughter*

CAUSES OF DEATH

109

Primary *Intestinal Paralysis* How long *5 days*Immediate *Auto-Intoxication* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *M. H. Kable*Address *Shodsbury, Md.*Accident or Suicide? *2*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Thornton Taylor</i>		Town <i>Rocky Ridge</i>		County <i>Fred's 6</i>		MARYLAND			
Died at <i>Rocky Ridge</i>		Date of death <i>1908 Feb 6</i>		Age <i>70</i>		Months <i>10</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jane Barriero</i>							
Father's Name <i>John J. Taylor</i>		Father's Birthplace <i>Va</i>							
Mother's Maiden Name <i>Era Berkeley</i>		Mother's Birthplace <i>Md.</i>							
Name of person giving information <i>Mary J. Taylor</i>		How related to deceased <i>wife</i>							

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	How long <i>2 weeks</i>
Immediate <i>General debility</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. H. Miller</i>
	Address <i>Detour</i>
Accident or Suicide? <i>—</i>	<i>Maryland</i>

i



Name
in
Full

Lillian Frances Jerry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Brimmick

Town

County

Fadrick

Date

of death 1908

Month

Feb

Day

3

Age

2

Years

Months

4

Days

9

Sex

female

Color or
Race

white

Birth-
place

Brimmick

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles G. Jerry

Father's
Birthplace

New York

Mother's
Maiden Name

Frances M. Kewan

Mother's
Birthplace

Fadrick Co.

Name of person giving
information

11

11

How related
to deceased

mother

CAUSES OF DEATH

92

Primary

Broncho pneumonia

How long

15 hours?

Immediate

Asphyxia

How long

Saw this child
only a few hours
before deathAre the name, age, sex, color, date
and place correctly given above?

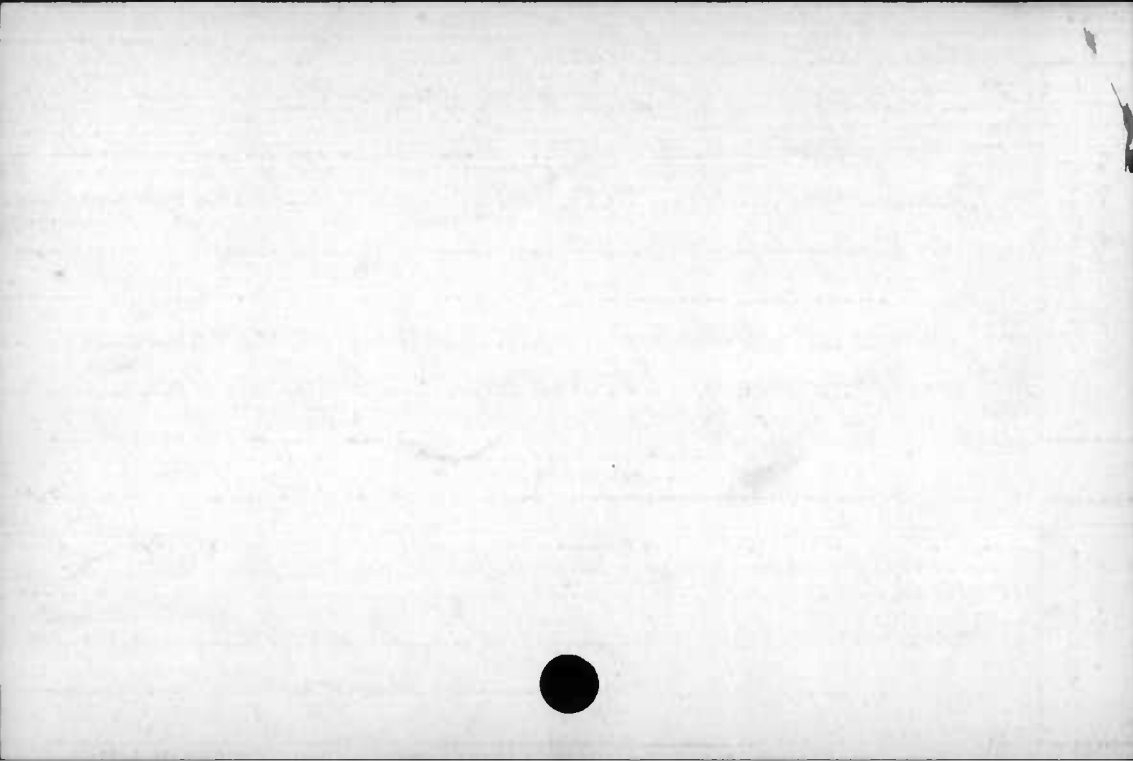
Yes

Signature of
Physician

Address

D. W. P. Green,
Brimmick

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Lucy Victoria Wiley

Town

County

MARYLAND

Died at

Brunswick

Annerick

Date

Month

Day

Years

Months

Days

of death 1908

10

1

Age

17

—

20

Sex

Female

Color or
Race

White

Birth-
place

W Virginia

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John D Wiley

Father's
Birthplace

Va

Mother's
Maiden Name

Virginia Murray

Mother's
Birthplace

Va

Name of person giving
In formation

Mrs John D Mills

How related
to deceased

Aunt

CAUSES OF DEATH

10

Primary

La Grippe

How long

4 days

Immediate

Heart Disease

How long

one day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H I Hedges

Address

Brunswick

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Robert Wilkison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

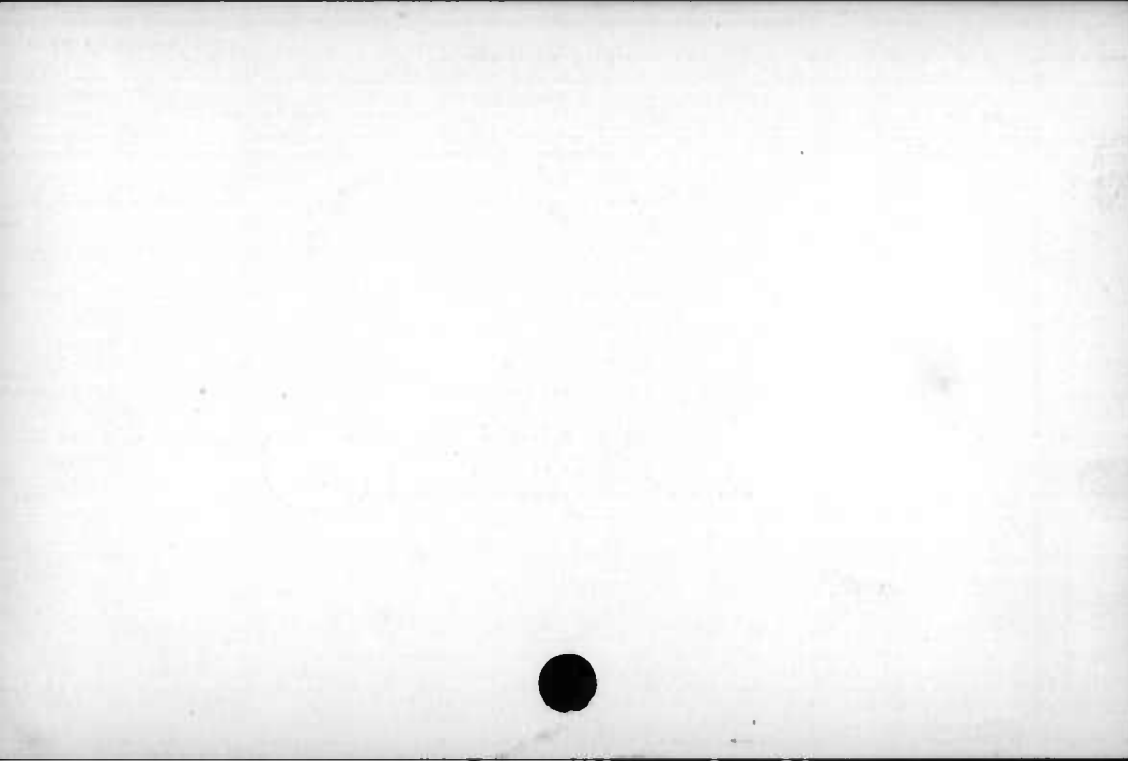
Died at <i>Burkittsville</i> ^{Town}		<i>Fred.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb.</i>	Day	<i>19</i>
Age	<i>51</i>	Years	<i>1</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Fred. Co.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Lucy Wilkison</i>		
Father's Name	<i>Washington Wilkison</i>		Father's Birthplace	<i>Fred. Co.</i>	
Mother's Maiden Name	<i>Maria Phinix</i>		Mother's Birthplace	<i>Fred. Co.</i>	
Name of person giving information	<i>Lucy Wilkison</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>12 months or longer</i>
Immediate	<i>Toxemia</i>	How long	<i>two (2) weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. G. Poole M.D.</i>
		Address	<i>Burkittsville</i>
Accident or Suicide?	<i>_____</i>		<i>Ind.</i>



Name in Full		Clarence Melvin Willders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lelfore</i>		Town		<i>Fred. Co</i>		County
	Date of death <i>1908</i>		Month <i>Feb.</i>	Day <i>8</i>	Age <i>20</i>	Years <i>20</i>	Months <i>20</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Fred. Co. Md.</i>		
	Occupation <i>none</i>		Where Residing if not at place of death <i>Same place</i>				
	Married , Single or Widowed		Name of Wife or Husband <i>none</i>				
	Father's Name <i>James Henry Willders</i>		Father's Birthplace <i>New York</i>				
	Mother's Maiden Name <i>Sarah Elizabeth Tringfrack</i>		Mother's Birthplace <i>Fred. Co. Md.</i>				
Name of person giving information <i>James Henry Willders</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Congestion of Lungs</i>		How long <i>4 days</i>				
	Immediate <i>Convulsions (Internal)</i>		How long <i>1 day</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. A. Stultz</i>				
	<i>To best of my knowledge</i>		Address <i>Woodsboro Md.</i>				
	Accident or Suicide? <i>none</i>						



Name
in
Full

Paul Williar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

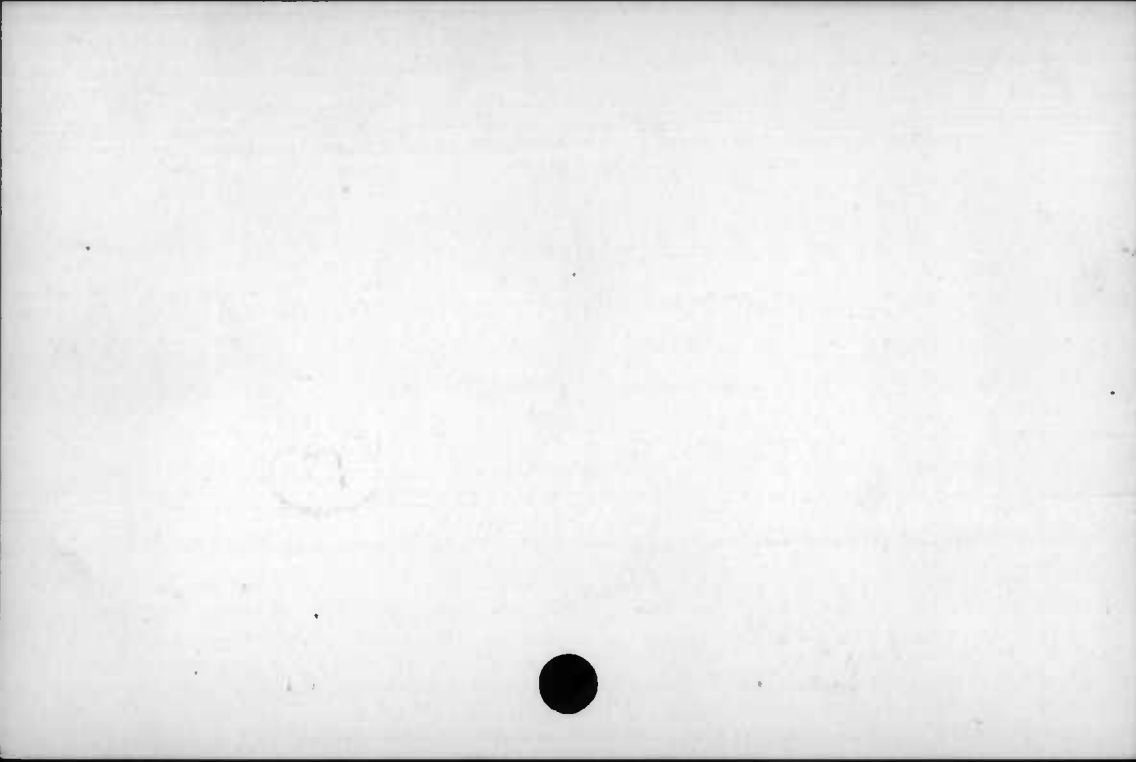
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	6	5		7	4
Sex	Male	Color or Race	White		Birth-place	Md.	
Occupation	None			Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Single		Name of Wife or Husband	X			
Father's Name	Jacob Williar				Father's Birthplace	Md.	
Mother's Maiden Name	Bertha Becker				Mother's Birthplace	Md.	
Name of person giving information	Was present at death				How related to deceased	None	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Obstruction of bowels	How long	Seven days
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos. P. Sappington	
Address		Unionville	
Accident or Suicide?		Maryland.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Ann Gingsling* Town *Frederick* County *Frederick* MARYLAND

Died at *Near Thurmont*

Date of death *1908* Month *2* Day *15* Age *81* Years Months *11* Days *23*

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *Retired* Where Residing if not at place of death *Same*

Married, Single or Widowed *Retired* Name of Wife or Husband *Same*

Father's Name *Matthew Murry* Father's Birthplace *Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *n*

Name of person giving information *Samuel Gingsling* How related to deceased *son*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Senile Debility Asthma* How long *2 years*

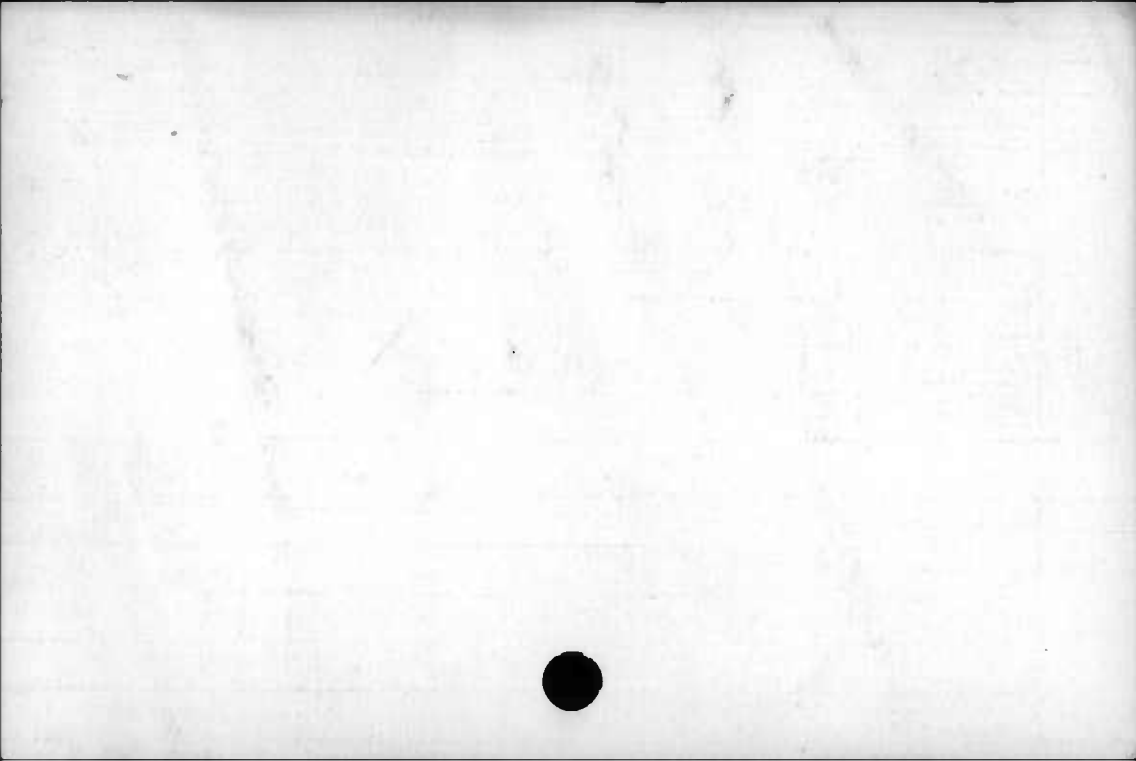
Immediate *Paralysis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Morris A. Birch*

Address *Thurmont Md.*

Accident or Suicide? *—*



Name
in
Full

Harriet F. Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Hoodoboro ^{County} Fres. **MARYLAND**

Date of death 1908 ^{Month} 2 ^{Day} 23 ^{Years} Age 52 ^{Months} 11 ^{Days} 30

Sex Female Color or Race White Birth-place _____

Occupation Housework Where Residing if not at place of death at home

Married, Single or Widowed Married Name of Wife or Husband Sam'l Young.

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Husband How related to deceased _____

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

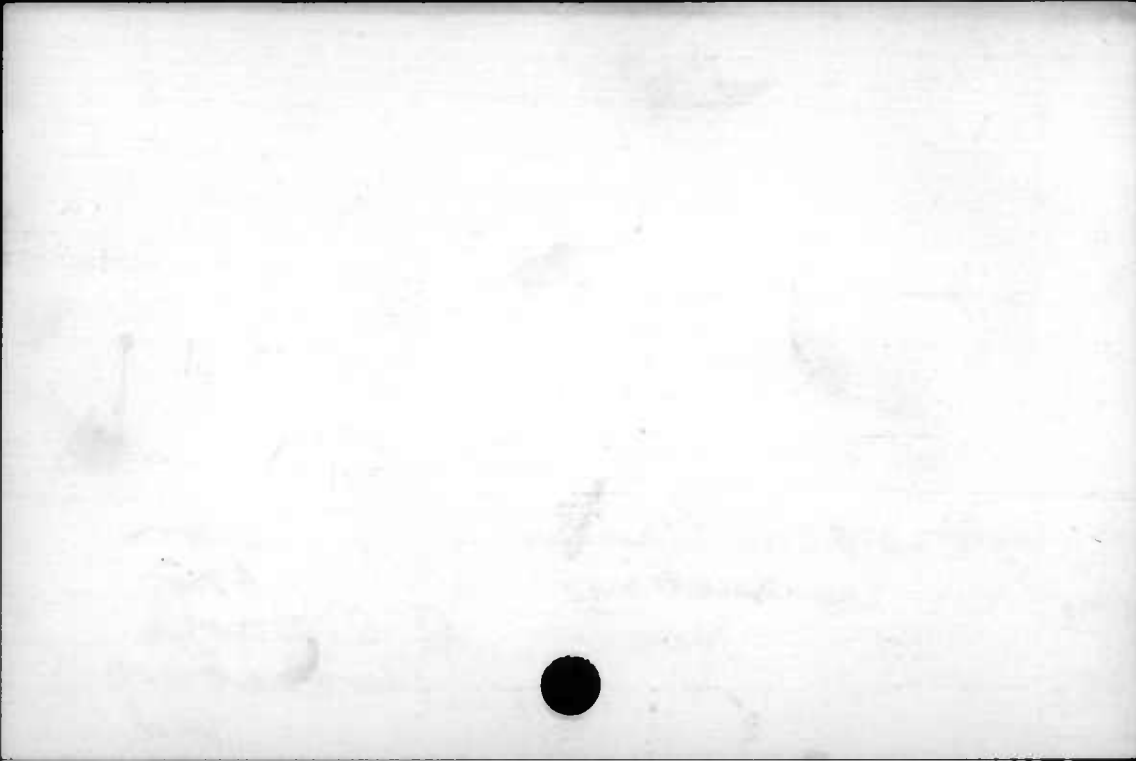
Primary Hepatitis & Gastritis ^{How long} 8 weeks.

Immediate Strangulation ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Kahle M.D. Address Hoodoboro.

Accident or Suicide? _____



Name
in
Full

William Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Myersville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1908	Month	2	Day	22
Age		Years	63	Months	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married Single or Widowed	Name of Wife or Husband <i>Carolyn Young</i>				
Father's Name	<i>Joseph Young</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace	— —	
Name of person giving information	<i>Elmer Young</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Duoden. Cancer</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. S. Davis</i>
		Address	<i>Boonsboro Md</i>
Accident or Suicide?			



Name
in
Full

Ann Rebecca Zacharias

CERTIFICATE OF DEATH

Town

County

Died at Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

2

12

Age

68

3

2

Sex

Female

Color or
Race

White

Birth-
place

Frederick Md

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of ~~Wife~~
Husband

John F. Zacharias

Father's
Name

John W. Miller

Father's
Birthplace

Md

Mother's
Maiden Name

Ann R. Kolb

Mother's
Birthplace

Frederick

Name of person giving
In formation

H. C. Zacharias

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Diabetes

How long

12 years

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Salmer

Address

73 E Chest St.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

50

Interment at Mt Olivet,
" Feb 14 - 1908.

Thomas P. Rice F. O.

Dr. Burck,

& Mr Curdy.

Name
in
Full

Albert Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>at</i> <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>23</i>	Age <i>38</i>	Years <i>5</i>	Months <i>23</i>	Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Frederick</i>				
Married, Single or Widowed		Name of Wife or Husband <i>May Roberts</i>					
Father's Name <i>John Zimmerman</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Annie Amelia Castle</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John Zimmerman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>(Mitral Insufficiency) Heart Disease</i>	How long <i>some years</i>
Immediate <i>Painful Congestion lungs</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Crawford Shuman</i>
	Address <i>Frederick, Md</i>
Accident or Suicide? <i>neither</i>	

Interment Feb 25-08
" at Mt Olivet:

Thomas J. Rice F.D.

Dr Goodell

Dr McHardy

Name
in
Full

Mrs Elizabeth Juminan

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Frederick Co.

Date

Month

Day

Years

Months

Days

of death 1908 Feb.

15

Age

84

Sex

Female

Color or
Race

White

Birth-
place

Fred. Co.

Occupation

H-wife

Where Residing if not
at place of deathMarried, ~~Single~~Name of Wife or
Husband

Edward D. Juminan

Father's
Name

Henry Juminan

Father's
Birthplace

Fred. Co.

Mother's
Maiden Name

Miss Thomas

Mother's
BirthplaceName of person giving
In formation

J. G. Thomas

How related
to deceased

"in-law"

CAUSES OF DEATH

Primary

Pneumonic Gork

How long

3 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Franklin Buchanan Smith

Address

Fred. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

(21)